



Satisfactory Academic Progress Appeal Form

SECTION A: Student Information

Last Name First Name M.I.

ID Number

Cell Phone Number

Street Address

Anticipated Graduation Date

City/State/Zip

Classification: Freshman Sophomore Junior Senior Graduate/Master Graduate/PhD Other: _____

SECTION B: Appeal Instructions

Students have thirty (30) days after the first class day of the semester to file an appeal with the Financial Aid Office to request reinstatement of aid.

Students who are not making Satisfactory Academic Progress may file a written appeal to the Financial Aid Office. Appeals must include:

1. A typed statement explaining the circumstances that lead to your current academic performance **AND** the steps you will take to ensure future success in attaining your academic goals.
2. Third-party documentation that supports the reason you did not meet the SAP requirements. **EXAMPLES** include: Letter from physician for medical circumstances, a letter of recommendation from faculty or advisor, obituary or program for the passing of a loved one etc.

Appeals will then go before a committee for review. All students will be notified of the committee's decision in writing. **ALL** decisions made by the committee are **FINAL**.

SECTION C: Appeal Details

Is this your first time to file a SAP appeal? YES NO

Please select the situational factors contributing to your lack of academic progress most applicable to you:

- Occupational Situation Current family obligations
 Unexpected life event Current health crisis or unexpected illness
 Other (Explain): _____

Please select ONE of the following that addresses the nature of the appeal:

- Insufficient GPA Insufficient completion of attempted hours
 Both completion of hours and GPA are insufficient Exceeded the maximum number of attempted hours for my degree
↳ *A degree plan from advisor specifying the number of courses remaining (MANDATORY).*

All of the information I have provided is true and correct to the best of my knowledge. I have provided all documentation necessary for the review of this appeal. I understand that I will be notified of the committee's decision in writing via my SFA email account or mailing address. I understand that by submitting an appeal I am not guaranteed reinstatement of financial aid. Finally, I understand that any fees I may owe the university are due on the date specified regardless of the status of my appeal.

Signature of Student

Date