



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: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/Master <input type="checkbox"/> Graduate/PhD <input type="checkbox"/> Other			

For which semester will you enroll if this appeal is approved? _____

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, obituary or program for the passing of a loved one, character letter, 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:

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Occupational Situation | <input type="checkbox"/> Current family obligations | <input type="checkbox"/> COVID-19 |
| <input type="checkbox"/> Unexpected life event | <input type="checkbox"/> Current health crisis or unexpected illness | |
| <input type="checkbox"/> Other (Explain): _____ | | |

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

- | | |
|--|---|
| <input type="checkbox"/> Insufficient GPA | <input type="checkbox"/> Insufficient completion of attempted hours |
| <input type="checkbox"/> Both completion of hours and GPA are insufficient | <input type="checkbox"/> Exceeded the maximum number of attempted hours for my degree |
| | <i>A degree plan from advisor specifying the number of courses remaining (MANDATORY).</i> |

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