

## Satisfactory Academic Progress Appeal Application

**Instructions:** Please complete this form to appeal your **Financial Aid Suspension**.

(1) **COMPLETE**, type all information in the space provided, (2) **PRINT** Application (3) **MEET** with your Academic Advisor to complete Step 5, (4) **SUBMIT** completed application to the Office of Student Financial Aid. Failure to submit **all documentation** by the deadline could result in denial of your appeal.

**Graduates Students must submit an AEP (Academic Enhancement Plan) with the completed SAP Application. The AEP can be provided through your department.**

Term	Final Deadline
Summer	May 22
Fall	August 1
Spring	December 18

### Step 1: Student Information

APPEAL DECISION IS NEEDED FOR (CHECK ONLY ONE):  Undergraduate  Graduate

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ J Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

SAP Appeal Semester Currently Attending (Choose One)  Summer \_\_\_\_\_ Year  Fall \_\_\_\_\_ Year  Spring \_\_\_\_\_ Year

### Step 2: Reason for Financial Aid Suspension

Indicate below which situation applies to your academic difficulty.

- Medical:** A personal medical problem contributed to your failure to maintain satisfactory academic progress.
  - Attach documentation from a medical professional from whom you have received advice or treatment. All documentation **MUST** include the dates. Your personal statement must include the dates of treatment and a resolution to the medical issues as well as clearance to return to school from your doctor/physician.
- Death/Illness:** The death or illness of an immediate family member contributed to your lack of academic progress.
  - Attach appropriate copies of medical records, death certificate, obituary, etc. Your personal statement must include your relationship to the immediate family member.
- Military Service:** You were required to report for active duty unexpectedly and had to withdraw.
  - Provide a copy of official orders for active duty. Your personal statement must include your dates of deployment.
- Other Unforeseen Events:** An unexpected event occurred which affected your academic progress.
  - Personal statement must include an explanation of the extenuating circumstance(s) and include appropriate documentation substantiating the reason(s) for lack of Satisfactory Academic Progress. Your personal statement must include dates of occurrences and a resolution to the issues.

**Note:** Circumstances relating to the typical adjustment to college life such as working while attending school, financial issues related to paying bills and car maintenance/travel to campus, are not considered extenuating for purposes of appealing a financial aid restriction.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
J Number

### **Step 3: Personal Statement**

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1. Provide a detailed explanation of the special circumstances that prevented you from maintaining satisfactory academic progress. You must include specific dates as to when your special circumstance occurred. **Answer in the space provided.**

2. Explain how your personal circumstances have changed so that they will no longer hinder your academic progress. Indicate what steps you have taken to ensure these problems will not be a factor in your future progress and what steps you will take to meet satisfactory academic progress? **Answer in the space provided.**

### **Step 4: Student Certification**

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Your signature certifies that the information provided is accurate and complete to the best of your knowledge. By completing and submitting this form: 1) you certify that you have reviewed the SAP policy and acknowledge that your current financial aid status is suspension and understand that if your SAP appeal is denied, you **will not** be granted financial aid for this semester and future semesters until you are once again meeting the SAP standards, 2) you and your academic advisor agree that the courses listed are acceptable toward the completion of your degree program, 3) your SAP status will be recalculated at the end of the semester.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name MI J Number

**Step 5: Academic Plan of Study (Completed by Academic Advisor)**

Current GPA \_\_\_\_\_ Major \_\_\_\_\_ Estimated Graduation Date \_\_\_\_\_

**Student Not Meeting Cumulative GPA**

- If approved, student must pass all credit hours attempted with a minimum semester GPA of 2.0 undergraduate/3.0 graduate. Student also understands that a complete withdrawal from any semester while on this academic plan should be discussed with an academic advisor and financial aid counselor *prior* to the withdrawal.

**Student Not Meeting PACE (Cumulative Attempted Hours/Cumulative Earned Hours < 67%)**

- If approved, student understands that a complete withdrawal from any semester while on this academic plan should be discussed with an academic advisor and financial aid counselor *prior* to the withdrawal.

**Student Exceeding Maximum Time frame (to be completed by Academic Advisor)**

- Is this student pursuing a double major or degree?  Yes  No
- Did (or will) this student change his/her major?  Yes  No If yes, when? \_\_\_\_\_
- Expected Graduation Date \_\_\_\_\_
- Total number of remaining credit hours needed to complete degree requirements \_\_\_\_\_

**The following grid is required for all students (to be completed by Academic Advisor)**

List the specific courses. Carefully evaluate this plan as students will be expected to complete all courses listed below to meet satisfactory academic progression. The student may lose aid eligibility if these terms are not met. List the most efficient plan for the student to graduate; the SAP Academic Plan should detail significant and reasonable progress.

Courses Required for Appeal Semester			Credit Hours
<input type="checkbox"/> Summer _____ Year	<input type="checkbox"/> Fall _____ Year	<input type="checkbox"/> Spring _____ Year	
Example: BI111 Biology			3
<b>Total Credit Hours</b>			

\_\_\_\_\_  
 Academic Advisor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Advisor Telephone Number

\_\_\_\_\_  
 Advisor Email Address