

2011 – 2012

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Student's Name (Last, First)

Student I.D. Number

Address Street

City

State

Zip Code

1. Please indicate the term that you were placed on suspension:

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
year year year

2. Please indicate the term for which you are appealing to have your financial aid reinstated:

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
year year year

3. What type of SAP violation are you appealing?

\_\_\_\_\_ GPA \_\_\_\_\_ HOURS \_\_\_\_\_ BOTH

4. Have you appealed before?

\_\_\_\_\_ Yes Which semester? \_\_\_\_\_  
Term Year

\_\_\_\_\_ No

A student placed on Financial Aid Suspension due to lack of satisfactory progress may appeal the denial of Financial Aid. Provide the following documentation in support of your appeal:

\_\_\_\_\_ 1. **Personal Statement.** REQUIRED FOR ALL APPEALS. Include the following:  
Explanation of extenuating circumstances. Resolution or plan of explaining what will  
Ensure your future academic success. Why financial aid is important for you to be able to  
Complete your education.

\_\_\_\_\_ 2. **Documentation.** Documentation such as: letter from doctor about illness, court documents,  
Death certificate or newspaper clipping of death in the family, etc.

Appeals are heard by the Appeal Committee. The Office of Financial Aid will notify you in writing of the result of the hearing.

For Office use only:

Disapproved

Approved

Disapproved

Approved

Disapproved

Approved

Committee Signature

Committee Signature

Committee Signature

Date

Date

Date