



Office of Financial Aid

Satisfactory Academic Progress Appeal

Read all instructions, fill out the form completely and sign and date the appeal. In order to appeal the denial of your continued financial aid eligibility resulting from not complying with the Satisfactory Academic Progress standards, you must complete a Satisfactory Academic Progress (SAP) Appeal, and submit ALL required supporting documentation.

Appeals submitted without all required documentation will be regarded as incomplete and denied.

The following must be submitted as part of the appeal:

- ▶ Explanation of extenuating circumstances why you did not meet Satisfactory Academic Progress Standards. Your written statement must include a description of the problem/incident indicating dates and time periods involved, as well as the impact on your academic performance.
- ▶ Explanation of what has changed and is changing to allow you to meet Satisfactory Academic Progress.

Note: Failure to corroborate your circumstance may result in your appeal being denied for lack of documentation.

SECTION I: General Information (to be completed by the student)

_____ / _____ / _____ _____ _____ / ____ / ____
 Last Name First Name MI ID # or SSN Date of Birth
 Phone: _____ Expected Term to Return: _____

SECTION II: Statement of Appeal (to be completed by the student)

I am appealing cancellation of my financial aid for the following reasons: (check all that apply):

- Cumulative GPA is less than 2.0
- Did not successfully complete 66.6% of attempted hours

Example Reasons for Submitting an SAP Petition	Examples of Support Documentation (not inclusive):
Illness or injury	1. A detailed explanation of the medical circumstances including the date of occurrence, duration, and how it negatively affected your coursework. If the illness was for a family member include the name and relationship of the family member to you. 2. Support documentation (i.e. medical withdrawal, physician’s statement, copy of police report, medical documentation).
Death of a Relative/ Roommate/Close Friend	1. A detailed statement including the name of the deceased and his/her relationship to you with an explanation of how this event negatively affected your coursework. 2. Support documentation (i.e. copy of the obituary, notice of the funeral, or death certificate).
Personal Crisis	1. A detailed explanation of the crisis including the date of occurrence, duration, and how it negatively affected your coursework. 2. Support documentation (i.e. physician’s statement, copy of police report, Personal Protection Order, medical documentation, Victim’s Advocacy memo)
Other Circumstances	1. A detailed explanation of the circumstances and how they negatively impacted your academic progress. 2. Support documentation substantiating your circumstances. 3. Support documentation supporting that your circumstances have either been resolved or are being managed.

Note – Appeals will be reviewed on a case by case basis and are not automatically approved for any of the above reasons. Appeals are only valid for the academic year in which they are received.

SECTION III: Explanation (to be completed by the student)

Both questions must be answered and appropriate documentation must be submitted.

1. Describe extenuating circumstances of why you did not meet Satisfactory Academic Progress Standards.
(Attach extra sheet if necessary.)

2. Explanation of what has changed or is changing to allow you to meet Satisfactory Academic Progress Standards and complete your degree program. (Attach extra sheet if necessary.)

“I certify that all information reported on this form is true and complete to the best of my knowledge. I understand that appeal are reviewed on a case-by-case basis and additional information may be required. Also, I understand that appeals and documentation is only valid for the academic year in which they are received.”

Student Signature

Date

Current GPA _____	Office Use Only	Current Completion Rate _____
Approved: ___ Yes ___ No ___ Tabled		Effective Date: _____
Comment(s): _____		
Financial Aid Committee Representative Signature _____		Date: _____
Financial Aid Office Update Banner Forms: ___ ROASTAT ___ RHACOMM ___ ROAHOLD ___ RRAAREQ		
Notification Sent to Student: <input type="checkbox"/> Call <input type="checkbox"/> Letter <input type="checkbox"/> E-mail Date Sent: _____.		