Satisfactory Academic Progress Appeal Form

Student Name: _________________________________________    Student ID: ____________________________

Email: _________________________________________________    Phone #:  _____________________________

Program of Study: ___________________________________   Anticipated Graduation Date: _____ / _____ /_____

Please explain and document the extenuating circumstances that have contributed to your inability to meet the SAP requirements. We review the entire academic transcript, so if you are below the 2.0 GPA or 67% credit hour completion rate you must address EACH semester in which you failed or dropped classes. Check all categories that apply to you.

___ Health issue(s) experienced by yourself or immediate family member. Attach supporting medical documentation that explains the nature and dates of the health issue(s).

___ Death of an immediate family member. Attached a photocopy of the death certificate or obituary. State the relationship of the deceased to you.

___ Significant trauma in your life that impaired your emotional and/or physical health. Provide a detailed explanation regarding the specific circumstances that occurred. Include dates and what you have done to overcome these challenges. Supporting documentation from a third party source (e.g. physician, social worker, police, etc.) must be attached.

___ Other unexpected circumstances beyond your control. Please explain in detail the nature and dates of the unexpected circumstances. Supporting documentation must be provided.

1) You must attach a written explanation of the circumstances that occurred, as well as supporting documentation. (Note: You must sign your written statement.)

2) Your written statement must address how the issue(s) that impacted your ability to meet SAP standards have been resolved.

Students who submit incomplete appeals will be notified by the Financial Aid Office via Email or a phone call. Failure to submit missing documents within 7 business days of the request may result in an automatic denial of the SAP appeal.

Student’s Signature: _____________________________________________    Date: _____ / _____ / _____
Office Use Only

____ Approved for _________________ semester only. Student will graduate at the end of the semester. (Student must follow an academic plan)

____ Approved, beginning with ________________ semester, until student meets SAP standards. (Student must follow and meet conditions of an academic plan to remain eligible for financial aid in future semesters, until student meets SAP standards)

____ Denied

FA Signature: ______________________________________________ Date: _____ / _____ / _____

Comments: