



Satisfactory Academic Progress (SAP) Appeal for Financial Aid

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate which upcoming semester this appeal is for:

FALL \_\_\_\_\_  SPRING \_\_\_\_\_

Have you previously filed a SAP appeal?  YES (indicate when) \_\_\_\_\_  No

Please respond (on separate paper) in writing to both of the following requests:

1. Describe legitimate circumstances that prevented you from meeting the required SAP standards; i.e. prolonged illness, medical emergencies, accident or injury to student or a significant person in his/her life, death of a family member or a significant person in the student's life, divorce by student or parent or other documented overwhelming person problems. Please be sure to describe how this situation affected your ability to fulfill your academic responsibilities and include any necessary supporting documentation such as letters from physician, divorce decree, accident report, death certificate, etc.
2. Outline all action(s) you intend to take to improve your academic performance and how you plan to make up credits and/or increase your GPA. Please include other possible supporting documentation such as letter from program director, etc.
3. If your appeal is approved, you will be scheduled to meet with your Program Director for ongoing support and to better outline a tutoring an academic plan for your future success.

My signature below indicates that all of the information I have provided pertaining to this appeal is true and complete to the best of my knowledge. I understand that I am not eligible to receive aid until this appeal has been reviewed and approved in writing by the Office of Student Financial Services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Office Use Only:**

Appeal Approved

Appeal Denied

Date: \_\_\_\_\_

Other

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Financial Aid Advisor

\_\_\_\_\_  
Director of Financial/Enrollment Services