



Financial Aid Satisfactory Academic Progress Appeal Form

Please **TYPE** Responses

Student Name: _____
Student ID: _____
Grade Level: ___ FR ___ SO ___ JR ___ SR ___ Graduate

Phone Number: _____
Personal Email: _____

Federal regulations require the Office of Financial Aid to monitor the academic progress towards earning a degree for students receiving financial aid. Satisfactory Academic Progress (SAP) is calculated each semester to ensure students applying for financial aid meet the minimum standards. Students whose academic performance falls below the minimum SAP standards are no longer eligible for financial aid. Students have the right to appeal their financial aid suspension. To request financial aid reinstatement, please complete this appeal form and upload it to the [Financial Aid Student Portal](#) with all required supporting documentation by the requested deadline.

Step 1: Personal Statement

Please **type** a **detailed** personal statement that includes the following required information:

- Explain the unique and extenuating circumstances that prevented you from being academically successful.
- Clearly indicate how those circumstances have been resolved.
- Describe your specific plan/strategies to improve your academic performance that will allow you to meet SAP standards.

Step 2: Supporting Documentation

Please attach documentation supporting the circumstances described in your personal statement (i.e., medical bills, hospitalization records, accident reports, military obligations, etc.). Documentation must provide sufficient information to support the existence of the unique circumstances or evidence that the circumstances have been resolved. **Appeals received without supporting documentation will not be reviewed.**

Step 3: Certification & Signature

Students seeking to re-establish financial aid eligibility remain ineligible to receive financial aid assistance until the appeal process is complete and a decision has been made by the Office of Financial Aid. **Students should be prepared to pay all tuition, fees, and other educational expenses until approved to receive financial aid.** Submission of an appeal does not guarantee approval. A decision will not be made on your appeal until all required information and documents have been received. If your appeal is approved, you are not guaranteed replacement of any previously awarded financial aid package.

Student Signature: _____

Date: _____

Office Use Only

Semester: _____	Committee Decision: _____	Date: _____
-----------------	---------------------------	-------------