



# The University of Georgia

Division of Student Affairs  
Office of Student Financial Aid

**Return Completed Form to:**  
Office of Student Financial Aid  
220 Holmes/Hunter Academic Building  
Athens, Georgia 30602-6114  
ATTN: SAP

## Satisfactory Academic Progress Appeal for Student Financial Aid Recipients

**Student:** By submitting this appeal you are requesting reinstatement or awarding of all aid. You must attach a **typed, signed letter** to this form explaining the circumstances beyond your control that resulted in your failure to maintain Satisfactory Academic Progress (SAP). See box below or <http://www.uga.edu/osfa/sap.html> for appropriate documentation and SAP Policy. This is not a comprehensive list, just guidance. Students may be required to submit additional documentation from their academic advisor, counselor, or third party professional. All documentation should include specific dates of occurrence.

\_\_\_\_\_  
Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Local Telephone Number(s)

\_\_\_\_\_  
Expected Graduation Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**If you were unable to maintain SAP due to one of the following reasons, submit an appeal and documentation.**

Reason	Required Documentation
Serious injury, illness or mental health condition involving student or immediate family	Statement from physician or mental health professional, reflecting date(s) of occurrence/treatment
Death of immediate family member	Copy of death certificate, paper obituary/link to online obituary, or statement from physician
Other circumstances beyond the student's control	Documentation that supports the situation

**OFFICE  
USE  
ONLY**

67%       150%       Both       Dismissal       Add'l Info Rcvd

Report Date \_\_\_\_\_ Previous Appeal(s) SH  \_\_\_\_\_  
\_\_\_\_\_

Approved  Denied  Committee Review: Approved  Denied

(01) FTCD     (03) NDCH     (05) HE \_\_\_\_\_     (07) PR     (09) O  
 (02) JE     (04) SD     (06) HR     (08) FR

Counselor Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counselor Review Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Assistant Dir. Review Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dir. Review Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Committee Review Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Ws \_\_\_\_\_ Rs \_\_\_\_\_ Is \_\_\_\_\_ NRs \_\_\_\_\_ Fs \_\_\_\_\_ WFs \_\_\_\_\_