



Satisfactory Academic Progress Appeal for Student Financial Aid Recipients

81

Student's Full Name

Student's ID

Student's Email Address

Student's Telephone Number

Expected Graduation Date

Student's Signature

Date

If you were unable to maintain SAP due to one of the following reasons & it is now resolved or stabilized, **submit a signed written appeal and documentation** of the circumstances beyond your control & documentation reflecting it is now resolved or stabilized.

If Reason was:	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 & resolution.
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 cited circumstances & resolution.

In addition to providing an explanation and documentation for extenuating circumstances, students who are flagged for maximum time frame (150% or near 150%) must also provide a letter from their advisor outlining the courses still needed for graduation.

**FOR OFFICE USE ONLY** (do not write below this line)

67%     Near 150%     150%     GPA     Graduate     Additional Information Received

Term Flagged \_\_\_\_\_ Previous appeal(s) \_\_\_\_\_

Approved     Denied     BAP     CAP     Committee Review:    Approved     Denied

(01) FTCD     (03) NDCH     (05) HE \_\_\_\_\_     (07) PR     (09) O

(02) JE     (04) SD     (06) HR     (08) FR

Findings: \_\_\_\_\_

First Review Initials: \_\_\_\_\_ Date: \_\_\_\_\_    Second. Review Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Third Review Initials: \_\_\_\_\_ Date: \_\_\_\_\_    Committee Review Initials: \_\_\_\_\_ Date: \_\_\_\_\_