Instructions for Filing the Satisfactory Academic Appeal Form for Undergraduate Degree

Any student whose eligibility for financial aid, scholarships, stipends, or employment has been terminated for academic reasons may appeal that decision to the Satisfactory Academic Progress (SAP) Standards Committee by following the procedures explained below. The Appeal Committee will consider appeals prior to classes beginning each semester.

These instructions are provided to assist in the completion of the SAP Appeal Form. Please read and follow the instructions carefully. Incomplete appeal forms and appeals with no supporting third party documentation will be denied.

Completed appeals for any term/semester must be received in the Financial Aid Office by the following established priority deadlines:

- Fall 2018 Semester – Friday, August 3, 2018
- Spring 2019 Semester – Wednesday, January 2, 2019

General Instructions:

1. Complete the enclosed SAP Appeal Form and submit any additional information requested.
   a) General Information is to be completed by the student.
   b) Section I must be completed by the Academic Advisor.
   c) Section II will be completed by the Financial Aid/VA Office.

2. You must include a signed and typed detailed personal statement that addresses the following:
   a) The reason(s) that you failed to meet the SAP standards. If these circumstances covered more than one semester, address the relevant circumstances for each semester that you did not meet the standard(s). If your circumstances cover a period of time in which you were not enrolled, it is not relevant to the appeal. Therefore, those circumstances could not prevent you from being successful if you were not enrolled.
   b) How the circumstance(s) that prevented you from meeting the SAP standards have now been resolved.
   c) What you intend to do to meet the satisfactory academic progress requirements by the end of your next term of enrollment.

3. You must provide official documentation to confirm your extenuating circumstance(s), such as third-party statements (e.g. physician, counselor, lawyer, social worker or clergy), police reports, obituary or death certificate, court documentation or other professional(s) detailing the reasons for your inability to meet the SAP standards. Consideration for extenuating circumstances includes:
   a) Physical/mental health: need documentation from a doctor (signed).
   b) Change in work schedule: need documentation from employer
   c) Death: need copy of death certificate as documentation
   d) Divorce or separation: need documentation from court or attorney
   Examples of unacceptable circumstances include (but are not limited to):
     a) The need for financial aid
     b) Withdrawal to avoid a failing grade(s)
     c) Too many courses attempted because of major changes
     d) Repeating courses for a better grade
     e) Disagreement with the professor(s)
     f) Voluntary change in work schedule

4. Return the completed appeal form and official supporting documentation to the Financial Aid/VA Office.

5. You will be notified in writing of the results of the committee’s decision within seven (7) days after the committee’s review of your appeal.
Satisfactory Academic Appeal Form for First Undergraduate Degree

SECTION A: Student Information

________________________________________
Academic Year

____________________________
Check One: ☐ Fall/Spring/Summer ☐ Fall/Spring ☐ Summer

Last Name    First Name    Middle Name

________________________________________
Student VIP ID

Email Address

Student’s Signature

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SECTION B: Academic Advisor / Academic Counseling Center – Must be completed by Academic Advisor

____________________________
Student’s Current Major

____________________________
Expected Graduation Date

____________________________
Hours Earned Toward Degree

____________________________
Hours Remaining Toward Degree

*This is to certify that the above referenced student has been seen by me and that he/she will be able to continue in his/her program of study.*

________________________________________
Academic Advisor / Counselor’s Signature

________________________________________
Date

Printed Name and University Title / Position

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SECTION C: Financial Aid / Veterans Affairs Office – Must be completed by the Financial Aid / Veterans Affairs Office

____________________________
Appeal Term

____________________________
Cumulative Grade Point Average

____________________________
Hours Attempted

____________________________
Hours Earned

____________________________
Completion Rate

____________________________
Maximum Time Frame

SAP Appeal(s)

Comments / Recommendations:

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SECTION D: Satisfactory Academic Standards Committee – for the Committee’s use only

Appeal Approval Based On:

☐ Traumatic Extraordinary Event ☐ Immediate Family Member Illness

☐ Death (Immediate Family Member) ☐ Divorce or Separation

☐ Personal Illness of Student ☐ Change in Work Schedule

____________________________
Appeal Approval Period

Appeal Denied: ☐

Academic Plan/Stipulation and Comments:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Signature (Chairperson of Committee)

Date