

Satisfactory Academic Progress Appeal Form

NAME: _____

STU ID #: _____

TELEPHONE #: _____

ACADEMIC YEAR: _____

Federal: _____

State: _____

Students no longer eligible for federal, institutional and/or state aid due to failure to meet Satisfactory Academic Progress standards and who have been placed on Financial Aid Suspension may appeal this decision.

[Appeals must be submitted no later than 30 days from the beginning of the semester following suspension of aid.](#)

Please select all that apply:

1. SATISFACTORY ACADEMIC PROGRESS APPEAL (SAP)

Choose the circumstances surrounding your request for a SAP appeal and submit two supporting documents.

- Medical Emergency
- Severe Health Issues
- Severe Personal or Family Problems
- Financial or personal Catastrophe
- Return for a second degree or certificate
- Other: _____

Signature of Final Appeal Committee Member

Date