



# Satisfactory Academic Progress Appeal Form

Please Print:

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Current Email Address (if any) \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Semester or academic year for which you are requesting reinstatement of your financial aid \_\_\_\_\_

A student who has lost his/her eligibility for financial aid due to lack of satisfactory academic progress may appeal for reinstatement of his/her eligibility if circumstances **beyond his/her control prevented him/her from meeting the established standards.**

To appeal, submit all of the items below. Your responses should be provided on separate paper and attached to this form with supporting documentation. All statements provided should be TYPED.

1. Provide your own statement describing the reasons and the circumstances that caused you to fail to meet the required standards. It is important that you demonstrate a clear and thorough understanding of why you experienced academic difficulties so that you will be able to take sufficient steps in the future to improve your academic performance and meet the prescribed standards. **Be specific in your explanation since incomplete information may cause a delay in the review of your appeal or a denial of your request.**
2. Provide a second statement outlining the specific steps you intend to take in the next semester to improve your academic performance. This statement should be thorough and detailed, demonstrating your commitment to achieving the required grade point average and/or percentage of completed credits.
3. Attach documentation that supports your appeal. If, for example, the deficiency was caused by medical problems or personal injury, provide supporting evidence from a physician or hospital. Other forms of documentation might include a letter from a counselor or therapist, copy of obituary or death certificate in the case of the death of a immediate family member, etc.
4. If the deficiency was the result of a special academic circumstance, you should attach a statement from your academic advisor, department chair or other academic personnel that demonstrates that you have sought their assistance in developing a plan of academic support that will assist you in meeting the standards of satisfactory academic progress.
5. If you are appealing for more time to complete your degree, please include an evaluation from your department that clearly shows how many hours you have remaining to complete your degree.
6. If you have additional information that you would like the committee to consider, you may include a statement detailing this information.
7. Sign and attach this form to your written statements and documentation and return it to:

Office of Financial Aid  
Trinity Hall, Room 110  
University of Saint Francis  
2701 Spring Street  
Fort Wayne, IN 46808

**I understand that the Scholarship and Financial Aid Committee will not accept an appeal for Satisfactory Academic Progress (SAP) that is incomplete or lacks documentation. I am; therefore; submitting my completed SAP appeal.** I understand that the Scholarship and Financial Aid Committee will review completed appeals only. Once a decision has been made, I will be notified by mail of the committee's decision. Should my appeal be approved I will receive a Financial Aid Award Notification detailing the types of funding for which I am eligible. I understand that it is my responsibility, if offered financial aid funding, that I must comply with all request for additional information before funding can be applied to my business office account.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Office of Financial Aid Use Only  
Action Taken:

Approved  
\_\_\_\_ Financial Aid Award Notification Prepared  
\_\_\_\_ Notification of decision sent

Denied  
\_\_\_\_ Notification of decision sent

\_\_\_\_\_  
Financial Aid Officer – Signature

\_\_\_\_\_  
Date