



Satisfactory Academic Progress Appeal Form

Name _____ Student ID Number _____

Address _____

Phone (____) _____ Current Email Address _____

Anticipated Graduation Date _____ Semester appealing to have aid reinstated _____

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.** Circumstances that may merit appeals include but are not limited to the following: serious illness or injury to the student, a death of an immediate family member, or other circumstances that cause the student undue hardship.

To appeal, you must 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 must be TYPED.

1. Your own typed statement that is specific in your explanation of your situation and demonstrating your commitment to achieving Satisfactory Academic Progress going forward. In your statement, you must address the following two questions:
 - a. What were the circumstances that caused you to fail to meet the required standards?
 - b. How your circumstances have changed and what specific steps do you intend to take in the next semester to improve your academic performance.
2. 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. In the case of the death of an immediate family member, you may submit a copy of the obituary or death certificate.
3. If you will be unable to meet the minimum SAP requirements at the end of the semester you are appealing, please submit an Academic Plan (page 2) for Financial Aid Funding signed by you and your academic advisor.
4. If you have additional information that you would like to be considered, you may include a statement detailing this information.
5. Sign and attach this form to your written statements and documentation and return it to:

Office of Financial Aid
University of Saint Francis
2701 Spring Street
Fort Wayne, IN 46808

I understand that the Office of Financial will not accept an appeal for Satisfactory Academic Progress (SAP) that is incomplete or lacks documentation. I am; therefore; submitting my completed SAP appeal. Your completed appeal must be submitted prior to the first day of the term that you are requesting reinstatement of eligibility. Once a decision has been made, I will be notified by mail of the decision. Should my appeal be approved I will receive a notification detailing the terms and conditions of Financial Aid Probation or approval of my submitted Academic Plan for Financial Aid Funding. I understand that it is my responsibility to provide any additional requested information before funding can be applied to my business office account.

Student Signature

Date

Office of Financial Aid Use Only		
Action Taken:	Approved	Denied
	____ Financial Aid Probation	____ Financial Aid Suspension
	____ Academic Plan Approved	
Letter sent: _____	_____	_____
	Financial Aid Officer – Signature	Date

Student name: _____ ID: _____

Major: _____ Degree (circle one): Associate or Bachelor

Hours Earned: _____ Hours remaining to earn degree: _____ Cumulative GPA: _____

Term _____

Suggested/Required Courses	Credits
1.	
2.	
3.	
4.	
5.	
6.	

Term _____

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1.	
2.	
3.	
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Term _____

Suggested/Required Courses	Credits
1.	
2.	
3.	
4.	
5.	
6.	

To be completed by Academic Advisor or ACDC

By signing below, I confirm that I have worked with the student listed above on this Academic Plan for Graduation as indicated. I also confirm that if the student successfully completes the coursework outlined in this plan, the student will be a candidate for graduation within the next 4 semesters.

Signature of Academic Advisor or SASS

Date

Advisor's Printed Name