



Financial Aid Satisfactory Academic Progress (SAP) Appeal Form

In order to appeal the denial of Financial Aid due to failure to maintain Satisfactory Academic Progress, you must complete this form and **attach the required documentation**. Forms lacking appropriate documentation will be regarded as incomplete.

Student: _____ **ID:** _____

Reinstatement Request Type: Please select and complete the option that best describes the mitigating circumstances that have contributed to your academic difficulty and follow the instructions for that category.

___ **COVID-19 illness, to student or immediate family member (parent, grandparent, sibling, child, spouse, in-law), inability to access wi-fi during remote learning, increased work hours due to COVID, etc.**

- ✓ Submit a letter explaining in detail the nature and dates of your illness or relationship to the person with COVID-19. How the circumstances have changed to now support your efforts to achieve SAP, and what you will do differently to ensure academic success if your appeal is granted.
- ✓ Attach a statement from the physician explaining the nature and dates of the illness or injury.

___ **Death of an immediate family member (parent, sibling, child, spouse).**

- ✓ Submit a letter explaining in detail your relationship, date of death, what steps you have taken to support your efforts to achieve SAP, and what you will do differently to ensure academic success if your appeal is granted.
- ✓ Attach a photocopy of the appropriate documentation.

___ **Serious illness or injury to student or immediate family member (parent, grandparent, sibling, child, spouse, in-law).**

- ✓ Submit a letter explaining in detail the nature and dates of the illness or injury, how the circumstances have changed to now support your efforts to achieve SAP, and what you will do differently to ensure academic success if your appeal is granted.
- ✓ Attach a statement from the physician explaining the nature and dates of the illness or injury.

___ **Significant trauma in student's life that impaired the student's emotional and/or physical health.**

- ✓ Submit a letter explaining in detail the nature and dates of the trauma, how your life circumstances have changed to now support your efforts to achieve SAP, and what you will do differently to ensure academic success if your appeal is granted.
- ✓ Attach supporting documentation from a third party (physician, social worker, psychiatrist, police, pastor, etc.)

By submitting this form to the Office of Financial Assistance, I am requesting reinstatement of my financial aid eligibility. I understand that appeal decisions are made on a case-by-case basis and that my appeal may be denied.

Student's Signature

Date