SATISFACTORY ACADEMIC PROGRESS APPEAL FORM (SAP)

COMPLETE ALL FOUR STEPS

Step One: Student Data Section (PLEASE PRINT CLEARLY)

Student’s Name: ________________________________             ID#: _______________________________
Phone Number: (______) _______-___________          Email Address: ______________________________

Step Two: Attach Personal Statement

Answer the following questions on a separate sheet(s); one sentence responses are not acceptable. This information will remain confidential.

1. Explain the circumstance, including relevant dates, which prevented you from meeting the minimum cumulative pace and/or the required cumulative GPA to maintain financial aid eligibility.

2. Indicate what circumstances have changed that will allow you to maintain financial aid eligibility for the requested and future terms. What steps will you take to ensure that you will successfully complete the required credits and/or attain the GPA needed to make satisfactory progress in the future?

Step Three: Attach Documentation

Include documentation to support your appeal:

- In most cases, the documentation needs to be from a third party, someone not related to you (work supervisor, medical professional, clergy, social worker, counselor, etc.) who is familiar with your situation and support the reason for your appeal. All letters must be signed.
- The associated documentation should be on a letterhead, where applicable, and include relevant dates.
- Documentation from medical /mental health professionals should also state whether the problem has been resolved and give a professional opinion regarding the student’s ability to return to school.

**See the back of this form for more information and examples of appropriate documentation.

Step Four: Student Certification

I attest that all information to qualify for financial aid is complete and accurate.

Student Signature: ___________________________________________        Date: ___________________________
SATISFACTORY ACADEMIC PROGRESS APPEAL DOCUMENTATION

All letters must be signed. Documentation should be on letterhead, where applicable. 
Note: letters from medical/mental health professionals should also state whether the problem has been resolved and given a professional opinion regarding student’s ability to return to school.

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| Work Related                  | **Required overtime; required Change in work schedule**  
  • Letter from employer including effective date(s) and whether the change in hours was mandatory  
  • Timesheets from employer for applicable period(s)  
  • Letter from employer stating that work will not impede with school |
| Lay off/Job loss              | **Letter from employer**  
  • Separation/severance letter |
| Medical condition            | **Serious illness or change in health**  
  • Letter stating doctor-advised period of home |
| Surgery/Hospitalization       | **Surgery/hospitalization records** |
| Mental health issue           | **Letter from doctor, therapist, or counselor** |
| Dental emergency              | **Letter from dentist**  
  • Letter stating dentist-advised period of recovery |
| Student’s child               | **Child’s medical condition**  
  • Records from daycare/school that the sick child was required to be kept home for extended period(s), including the dates. Address in appeal the reason why alternative childcare was not available and what your plan is if this should occur again in the future.  
  • Record of doctor visits  
  • Letter stating doctor-advised period of recovery  
  • Hospitalization records |
| Childcare/daycare issue       | **Letter from former daycare provider**  
  • Letter from current daycare provider  
  • If the childcare provider is related, the letter must be notarized. |
| Additional Circumstances      | **Death of an immediate relative or loved one**  
  • Obituary or death certificate  
  • Documentation should include the date of death and incident and student’s relationship to the deceased |
| Eviction                      | **Eviction Notice**  
  • Letter from transitional housing program |
| Assault/domestic violation    | **Police report**  
  • Court documentation  
  • Letter from Clergy, social worker, counselor or doctor |