



Academic Scholarship and Satisfactory Academic Progress Appeal Form

Name _____ SSN or Student ID Number _____

Address _____

Phone (____) _____ Email Address _____

Anticipated Graduation Date _____

Semester/year for which you are requesting reinstatement of your financial aid: _____

A student who has lost his/her eligibility for financial aid or academic scholarship 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.**

Describe 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.

Outline the specific steps you intend to take in the next semester to improve your academic performance. Be thorough and detailed, demonstrating your commitment to achieving the required grade point average and/or percentage of completed credits.

I understand that the SAP Appeals Committee will not accept an appeal that is incomplete. 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, to comply with all requests for additional information before funding is applied to my Student Account Center with the Business Office.

Student Signature

Date