

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Student Name: _____ Student ID: _____

Indicate which condition applies to your situation (check one of the following):

- If you or an immediate family member experiences a serious injury, illness or mental health condition, please attach a statement from your physician or mental health professional, reflecting date(s) of occurrence /treatment.
- If you experienced the death of immediate family member, please attach a copy of the death certificate, paper obituary/link to online obituary, or statement from physician.
- If you experienced other circumstances beyond your control, please attach documentation that supports the situation.

Please explain and also include what has changed to allow you to meet SAP at the end of the next evaluation:

[illegible]

I understand that this appeal is subject to review by the Satisfactory Academic Progress Appeals Committee. I understand that approval or denial of this appeal will be based on information contained in my written appeal. The Financial Aid Office staff will review the information I provide and will respond via email regarding the outcome of my appeal. Return this SAP Appeal Form, SAP Academic Plan and the Program Evaluation to: Financial Aid Office

Student Signature

Printed Name

Date _____