

**FINANCIAL AID OFFICE**  
**2019-2020 Satisfactory Academic Progress Appeal Form**

**Last Name**

**First Name**

**CWID**

Our records show you have not met the minimum satisfactory academic progress requirements to receive financial aid. You must submit a Financial Aid Satisfactory Academic Progress (SAP) appeal and be approved in order to regain eligibility to receive financial aid.

Federal regulations require that your Financial Aid Satisfactory Academic Progress appeal contain the following elements:

- (1) the reason(s) why you have not maintained satisfactory academic progress, and**
- (2) what you intend to do to meet the satisfactory academic progress requirements by the end of your next term of enrollment.**

It is important that you explain your circumstances in detail. If your SAP problem developed over the course of several semesters, you must explain the circumstances for each term. Generalized statements covering multiple semesters will not be sufficient for our consideration of your appeal.

***Please submit your completed form along with all supporting documentation to the GSEP Financial Aid Office.***

**SECTION 1: REQUIRED DOCUMENTATION**

Please attach the following REQUIRED documentation.

**A current Student Education Plan dated within the last 60 days:** All Satisfactory Academic Progress Appeals must include a current Student Educational Plan. You will need to schedule an appointment with your academic advisor who will assist you in mapping your educational goal and provide the tools you need to meet the minimum financial aid satisfactory academic progress standards.

**Supporting Documents:** It is very important to attach supporting documents; e.g., a doctor's note, an accident report, death certificate, etc. that support the circumstances in your appeal.

**SECTION 2: ATTACH YOUR PERSONAL STATEMENT**

**SECTION 3: CONDITIONS OF APPEAL**

Please read and sign below. Your signature indicates your understanding of the conditions of your appeal and that all information reported on this form and any attachments are true, complete, and accurate.

**I understand that if my appeal for reinstatement is APPROVED, I will be placed on Financial Aid Probation.**

**I understand that while on Financial Aid Probation, I will be REQUIRED to follow my approved Student Education Plan which was submitted with my appeal.**

**I understand that failure to follow my approved Student Education Plan will result in denial of financial aid.**

**I understand that if I am placed on financial aid probation and do not meet the minimum academic progress requirements, I will be denied financial aid.**

**I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed and student disciplinary action may be taken.**

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**For Use by Academic Advisor:**

1. I have reviewed and approve of the student's \_\_\_\_\_ schedule of classes.  
Term
2. I expect the student to graduate in \_\_\_\_\_.  
Term

**Additional Comments regarding student's academic plan:**

**Student Name**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Academic Advisor**

**Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**F.A. Administrator:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Decision** \_\_\_\_\_