

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM



Students who fail to meet Satisfactory Academic Progress (SAP) standards—resulting in Suspension status—are not eligible to receive student financial aid. Such students may appeal to reinstate their eligibility.

To appeal the loss of student financial aid eligibility due to failing to meet SAP standards, a student must submit to the Financial Aid Office:

- 1) This form, fully completed, signed, and dated
- 2) A detailed letter explaining the reasons that prevented you from meeting academic expectations and how you have overcome those challenges, and
- 3) Appropriate supporting documentation, if available

Circumstances that may be justifiable reasons for an appeal are listed in section C below. All required appeal documents must be submitted to the Financial Aid Office no later than 15 business days before the end of the term or payment period for which student financial aid eligibility reinstatement is desired.

| A. Student Information | | | | | |
|--|----------------------|------|---|---|--------------|
| First Name | | M.I. | | | Last Name |
| OR | | | (|) | |
| Student ID | Last 4 Digits of SSN | | | | Phone Number |
| B. SAP Standard(s) Not Met | | | | | |
| Refer to your notification letter and your academic record to determine the standard(s) not met. | | | | | |
| My GPA is below the minimum required for my program. | | | | | |
| My completion rate of coursework attempted is inadequate. | | | | | |
| I have exceeded the maximum timeframe allowed for completion of my program. | | | | | |
| C. Appeal Reason | | | | | |
| Check all that apply. | | | | | |
| I experienced a serious injury or extended illness. | | | | | |
| I experienced the death or life threatening illness of a family member. | | | | | |
| I was called to duty by military activation. | | | | | |
| I experienced other <u>unusual</u> and/or <u>mitigating</u> circumstances beyond my control. | | | | | |
| D. Signature and Affirmation | | | | | |
| I understand that I have failed to meet the SAP requirements as outlined in the IWU SAP Policy, which has resulted in my ineligibility for student financial aid. I understand that this SAP Appeal will be reviewed by a committee and will be approved if, in its opinion, the circumstances of my situation justify temporarily exempting me from those requirements. I understand that, if approved, I will be prescribed an academic plan that, if followed, will: 1) temporarily reinstate my student financial aid eligibility, and 2) allow me to reach the minimum SAP requirements by the end of my program (except in the case of exceeding maximum timeframe). I understand that my student financial aid eligibility once again will be terminated if I do not adhere to my academic plan. I understand the SAP Appeal Committee's decision cannot be appealed to another source. | | | | | |
| Student's Signature*: | | | | | Date:/ |

Mail, fax, email, or deliver the completed worksheet to the financial aid office using the contact information listed below.

^{*} Must be an actual "wet" signature. A digital signature or typed font signature is not acceptable. This form may be completed and "wet" signed via a tablet or smartphone with PDF signing capability using a stylus pen. You may need to download an app to access this feature.