Satisfactory Academic Progress
Financial Aid Ineligibility Appeal Form

This form, a detailed letter explaining what affected your studies, and appropriate supporting documentation are required to appeal the loss of financial aid eligibility due to failing to meet Satisfactory Academic Progress (SAP) standards. Circumstances that may be justifiable reasons for an appeal due to ***unusual and/or mitigating*** factors that were *outside your control* are listed in **section C** below. SAP Appeals must be submitted to the Financial Aid Office no later than 15 business days before the end of the payment period for which aid eligibility reinstatement is desired. If needed, ***you should appeal immediately*** after receiving notice of financial aid ineligibility due to failing to meet SAP standards.

A. STUDENT INFORMATION:

_____ _____ _____
First Name M.I. Last Name ID Number

_____
Address City State Zip

_____ Degree Type Being Pursued *(AS, BS, MA, etc.)*: _____
Phone (including area code)

Date admitted to IWU *(MM/YY)*: _____/_____ Expected Graduation Date *(MM/YY)*: _____/_____

When do you request your aid reinstatement be effective? *(MM/YY)*: _____/_____

**(Grant and Campus-based aid eligibility is prohibited for payment periods which have already concluded.)*

B. SAP CATEGORY: ***(Check all that apply)*** Refer to your SAP Ineligibility Letter and your academic record to see why you are not making Satisfactory Academic Progress.

_____ Category 1 – GPA below the minimum required

_____ Category 2 – Inadequate completion rate of coursework attempted

_____ Category 3 – Attempted over the quantitative limit

C. APPEAL REASON: ***(Check all that apply)*** Indicate which factors caused your insufficient academic progress and attach documentation.

_____ I experienced a serious injury or extended illness this term.

_____ I experienced the death or life threatening illness of a family member this term.

_____ I was called to duty by military activation.

_____ I experienced other *unusual* and/or *mitigating* circumstances beyond my control.

I understand that I have failed to meet the federal SAP requirements and that this caused me to lose my financial aid eligibility. I understand that this SAP Appeal will be reviewed by a committee and approved if, in their opinion, the circumstances of my situation justify exempting me from those federal requirements temporarily. I understand the SAP Appeals Committee decision cannot be appealed to another source.

_____ _____
Student Signature Date