Financial Aid Office
Satisfactory Academic Progress Appeal Form

Last Name ___________________________ First Name ___________________________ Student ID # ___________________________

Address (include apt. #) ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

Phone Number ___________________________ E-mail Address ___________________________ Date of Birth ___________________________

Program of Study: _______________________________________ Anticipated Graduation Date: _____ / _____ / _____

Please check the term for which you are requesting reinstatement of your financial aid:

_____ Fall 2022 _____ Winter 2023 _____ Summer 2023

Please check the SAP standard(s) you are not meeting (check all that apply)

_____ GPA < 2.0 _____ Credit hour completion < 66.66% _____ Credit hours attempted > 150%

Please follow the directions below:

1) You MUST attach a written explanation of the extenuating circumstance(s) that have contributed to your inability to meet the SAP requirements. (Note: You must SIGN your written statement.)

Please note that we review the entire academic transcript, so if you are below the 2.0 GPA or 66.66% credit hour completion rate you must address EACH semester in which you failed or dropped classes. You must address how the issue(s) that impacted your ability to meet SAP standards have been resolved.

2) You MUST attach supporting documentation.

Check all categories that apply to you:

_____ Health issue(s) experienced by yourself or immediate family member. Attach supporting medical documentation that explains the nature and dates of the health issue(s).

_____ Death of an immediate family member. Attach a photocopy of the death certificate or obituary. State the relationship of the deceased to you.

_____ Significant trauma in your life that impaired your emotional and/or physical health. Provide a detailed explanation regarding the specific circumstances that occurred and provide supporting documentation from a third party source (e.g. physician, social worker, police, etc.)

_____ Other unexpected circumstances beyond your control. Please explain in detail the nature and dates of the unexpected circumstances. Supporting documentation must be provided.

• Failure to submit supporting documentation with the appeal may result in an automatic denial of the SAP appeal.
• Students who submit incomplete appeals will be notified by the Financial Aid Office via Email or a phone call.

Student’s Signature: _____________________________________________ Date: _____ / _____ / _____

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Financial Aid Office
1555 S Raisinville Rd
Monroe, MI 48161
Tel: (734) 384-4135
Office Use Only

____ Approved for _________________ semester only. Student will graduate at the end of the semester. (Student must follow an academic plan.)

____ Approved, beginning with the ________________ semester, and through the ________________ semester, by which time the student is expected to be meeting SAP standards or have graduated.

(Student must follow and meet conditions of an academic plan to remain eligible for financial aid during the approved Financial Aid Probation period.)

____ Denied

FA Signature: ______________________________________________ Date: _____ / _____ / _____

Comments: