

OFFICE OF FINANCIAL AID

Satisfactory Academic Progress Appeal Form

The Office of Financial Aid allows students who are placed on financial aid suspension the right to appeal, if there were extenuating circumstancesⁱ that contributed to your failure to meet Satisfactory Academic Progress. Please remember to include in your written appeal reasons that specifically address:

1. Why you failed to meet SAP?
2. What has changed?
3. Plan of Action: How you plan to meet SAP at the end of the semester?

All appeals should include qualifying* documentation (see checklist). Appeals without supporting documentation will be denied.

- **Attend SAP Workshop I**
- **Written Statement**
- **Qualifying Supporting Documentation**, (i.e., third party documentation such as, medical record (hospitalization, serious injury/illness), death certificate/obituary indicating relationship to deceased (must be immediate family member), letter from physician/lawyer or university official).

Notification of Decision

Upon completion of SAP Workshop I, the Financial Aid committee will send notification of a decision via email to your BSU email address, within 7-10 business days from the completion date *if* all required documents have been submitted prior to the deadline.

You are responsible to satisfy any balance owed to the university. Should your appeal be approved, you will be required to complete a Financial Aid Academic Plan and your financial aid will be reinstated for the **Spring** semester only. Failure to adhere to the plan, may result in loss of financial aid for the next semester.

ⁱ Extenuating Circumstances defined as environmental conditions outside of students' control (i.e., death in immediate family, illness, hospitalization).



SPRING 2016

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Satisfactory Academic Progress Appeal Form

Student Name: _____ SSN or Student ID #: _____

Address _____ Anticipated Graduation Date: _____

_____ Ph: _____

BSU Email _____

Appeal Check List:

- **Attend SAP Workshop I**
- **Written Statement**
- **Qualifying Supporting Documentation**, (i.e., third party documentation such as, medical record (hospitalization, serious injury/illness), death certificate/obituary indicating relationship to deceased (must be immediate family member), letter from physician/lawyer or university official).

By signing below I affirm that all information is complete and accurate.

Student Signature

Date

FINANCIAL AID OFFICIAL USE ONLY

Financial Literacy Coordinator Signature
(Ms. Erin Wilkerson)

Date