Students who fail to meet standards of Satisfactory Academic Progress (SAP) will be placed on Financial Aid Warning once. Students who do not comply with SAP guidelines during a semester following their initial Warning term may appeal the suspension of their financial aid eligibility by completing the form below.

STUDENT NAME __________________________ BANNER ID: _________________

In the space below (or via attached statement), please describe the extenuating circumstances that contributed to your failing to meet the minimum standard(s) for satisfactory academic progress. Extenuating circumstances for an appeal of satisfactory academic progress would typically include:

- Documented extended illness or hospitalization of student
- Incapacitation of the student for an extended period of time
- Death or illness of an immediate family member resulting in additional family responsibility by the student

Common situations that may NOT be considered as unusual circumstances and as a valid reason to make an appeal include:

- Family difficulties, such as divorce, separation, or financial problems
- Interpersonal problems with friends, roommates, significant others, or teachers
- Difficulty balancing work or family responsibilities, and school
- Transportation issues, such as mechanical issues or bus schedules

Please write neatly and legibly. Only appeals with supporting documentation will be considered. Acceptable forms of supporting documentation include statements from attending physicians or other health professionals, members of the clergy, and family members. Attach additional pages if necessary.

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Student signature: ________________________________ DATE: ________________
Please provide a detailed explanation of what has changed which will allow satisfactory progress to be demonstrated at next evaluation:

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Agreement made by student and Financial Aid Administrator for plan for success:

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Student Signature: ________________________________________________________________

Financial Aid Administrator Signature: _____________________________________________

Date: ____________________________