

08-09



Office of Student Financial Aid
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Satisfactory Academic Progress Appeal Form

This form **and** a detailed letter explaining what affected your studies are required to appeal the loss of financial aid eligibility due to failing to meet Satisfactory Academic Progress (SAP) standards. You are strongly encouraged to also submit supporting documentation. Circumstances that may be justifiable reasons for an appeal due to *unusual or mitigating* factors that were *outside your control* are listed in **section C** below. SAP Appeals must be submitted to Office of Student Financial Aid no later than 15 business days before the end of the payment period for which aid eligibility reinstatement is desired. The complete ISU SAP Policy is available on-line at www.indstate.edu/finaid.

A. STUDENT INFORMATION:

Student First Name _____ M.I. _____ Last Name _____ 991- _____
ID Number _____

Address _____ City _____ State _____ Zip _____

_____ Degree Type Being Pursued (*BA, MA, Ph.D., etc.*): _____

Phone _____

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

When do you request your aid reinstatement be effective?

Fall 2008 _____ Spring 2009 _____ Summer 2009 _____

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

B. SAP CATEGORY: (*Check all that apply*) Refer to your SAP Suspension Letter or your MyISU Portal at <http://myisu.indstate.edu> 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 150% of required hours for degree

C. APPEAL REASON: (*Check below which factors caused your academic progress to be insufficient.*)

_____ 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 *mitigating* circumstances beyond my control.

I understand that I have failed to meet the federal requirements for Satisfactory Academic Progress and that I lost my financial aid eligibility because of my academic history. I understand that this SAP Appeal will be reviewed by a committee of non-Financial Aid Office staff and only approved if, in their opinion, the circumstances of my situation justify exempting me from those federal requirements temporarily.

Student Signature Date