

# 09-10



**Office of Student Financial Aid**  
150 Tiley Hall, Terre Haute, IN 47809  
Phone: (812) 237-2215 or (800) 841-4744  
Fax: (812) 237-4330 or (812) 237-3925  
Email: [finaid@indstate.edu](mailto:finaid@indstate.edu)  
Web: [www.indstate.edu/finaid](http://www.indstate.edu/finaid)

## Satisfactory Academic Progress Appeal Form

**Complete this form and attach a detailed letter explaining what affected your current academic status and the reason for your appeal.** This information must be submitted to appeal the loss of financial aid due to failing to meet the Satisfactory Academic Progress (SAP) standards. Supporting documentation is helpful in reviewing your appeal. SAP Appeals must be submitted to the 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 SAP Policy is available at [www.indstate.edu/finaid](http://www.indstate.edu/finaid).

### A. STUDENT INFORMATION:

\_\_\_\_\_ 991-\_\_\_\_\_  
First Name M.I. Last Name ID Number

\_\_\_\_\_ City State Zip  
Address

\_\_\_\_\_ 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 2009 \_\_\_\_ Spring 2010 \_\_\_\_ Summer 2010 \_\_\_\_

*\*(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
- \_\_\_\_ Dismissal Status – Academically dismissed from Indiana State University

### C. CERTIFICATION:

I understand that I have failed to meet the Satisfactory Academic Progress standards at ISU. This failure has caused my suspension of aid. I understand the Appeal Committee will review my appeal and determine my eligibility for financial aid. The decision of the committee is Final.

\_\_\_\_\_  
Student Signature (required) Date