Satisfactory Academic Progress

Appeal Form for Federal Financial Aid Eligibility Instructions

A student who is ineligible for federal financial aid due to not meeting Satisfactory Academic Progress requirements may appeal his/her ineligibility. Some examples of reasons for such a request may include, but are not limited to:

1. Serious illness (physical or mental) for which the student needed to withdraw from all classes in order to recover, or remained enrolled at the university and did poorly in his/her classes. (A Doctor’s note is required)
2. Death or serious illness or injury to an immediate family member. (Supporting documentation is required)
3. An injury to the student which prevents the student from attending classes and completing academic requirements. (A Doctor’s note is required)

Appeal Procedures

A written letter of appeal must be submitted by the student to the Financial Aid Office for review. The letter of appeal must:

1. Explain in detail the reason(s) for not meeting the standards for academic progress.
2. List the step(s) the student plans to take to correct his/her academic progress deficiencies.
3. List in detail any extenuating circumstance(s) the student wishes the Appeals Committee to consider.
4. Appeals must be submitted and approved prior to the end of the semester for which the student is appealing to receive financial aid.
5. The Satisfactory Academic Progress Committee will consist of the Director of Financial Aid, a representative from the Provost’s office, and a faculty member.
6. The student will be provided written notification of the decision of the Satisfactory Academic Progress Committee from the Director of Financial Aid. The Committee’s decision is final.

Supporting Documentation

1. The student should provide a copy of his/her Academic Plan along with the letter of appeal. The Committee may approve the Academic Plan designed by the student’s faculty advisor or the Office of the Provost to return the student to good standing status and regain eligibility for financial aid.
2. It may be necessary for the student to provide written documentation from his/her health care provider(s). If so, the documentation should be on clinic letterhead, with a description of the diagnosed medical or psychological condition, and indicating when treatment began. If applicable, it should also explain how the condition prevented the student from meeting the requirements of the Satisfactory Academic Progress policy.
3. Submit all materials as a single packet to the Financial Aid Office. Any missing information will delay consideration of the student’s request.
Complete this form and attach all additional documentation needed for your appeal. (See Instruction Sheet.)

Name: ___________________________________________________________________________ ID: __________________
Last: ___________________________________________________________________________ First: _______________ MI: _______________ Address: ___________________________________________________________________________
Street or Residence Hall: __________________________________________________________________________ City: _______________ State: _______________ Zip Code: _______________
Telephone: ___________________________________________________________________________
(Your address and telephone should reflect where you can be reached during the appeal process)

Major: ______________________________________ Minor: __________________________

1. Please check the term for which you are submitting an SAP appeal.
   ☐ Fall ☐ Spring ☐ Summer Year: ________

2. Please indicate the mitigating circumstances that have contributed to your inability to maintain SAP by checking any category that applies to you. You also must follow the instructions for each checked category.

   ☐ Serious illness or injury to student or immediate family member (parent, spouse, sibling, child) that required extended recovery time. Attach a statement from the physician and explain the nature and dates of the illness or injury.

   ☐ Death of an immediate family member. Attach a photocopy of the death certificate and include the name of the deceased and relationship to you.
☐ Significant trauma in student’s life that impaired the student’s emotional and/or physical health.
Provide a detailed explanation regarding the specific circumstances of your condition. Please be sure to include dates and what you have done to overcome this condition. Supporting documentation from a third party (physician, social worker, psychiatrist, police, etc.) also must be attached.

☐ Other unexpected documented circumstances beyond the control of the student. Please explain in detail the nature and dates of the unexpected circumstances. Supporting documentation also must be provided.

3. Statement from your academic advisor. This statement should be provided if you have been consulting with an advisor to improve your academic standard. The advisor should provide his or her opinion of your ability and willingness to improve academic performance and the number of credit hours in which you have been advised to enroll during the upcoming semester.

Check any that apply:  _____ Additional page(s) attached
   _____ Supporting documentation attached
   _____ Re-admission letter attached (If you were academically dismissed)
   _____ Advising Report attached

All the materials for your SAP Appeal should be turned in as one package.

I certify that all information and documentation I have submitted pertaining to this appeal is true. I understand that the decision of the Financial Aid Appeals Committee is final.

__________________________________ _____________________
Signature Date

For Office Use Only

Reason for unmet SAP:
☐ Cumulative GPA

☐ Cumulative GPA
☐ Course Completion Rate
☐ Time Frame (150% rule)
☐ Academically Dismissed

Number of semesters at Pfeiffer: ______________________

☐ Approved, beginning with _________ term  Year:___________  ☐ Denied