



Financial Aid Office  
2017 - 2018 SATISFACTORY ACADEMIC  
PROGRESS APPEAL (SAP) FORM

Student Name *(Please print)*

Student's ID #

ASU-Newport is required by federal and state financial aid regulations to monitor satisfactory academic progress for students who are recipients of federal and state financial aid. Satisfactory academic progress is determined at the end of each term for which the student was enrolled. Students who do not meet the College's standards for Satisfactory Academic Progress (SAP) are placed on financial aid warning or financial aid suspension for their next term of enrollment. Financial aid suspension means a student is no longer be eligible to receive financial aid.

A student who experienced a serious hardship situation during their previous term of enrollment and placed on financial aid suspension have the right to appeal.

Examples of hardship and/or circumstances that be deemed appropriate for an appeal:

- Personal injury, illness, physical disability or victim of a crime
- Death and/or illness of an immediate family member
- Separation/Divorce
- Fire or other catastrophic events
- Legal problems
- Other circumstances beyond a student's control that occurred during the term for which a student lost eligibility

Appeal Procedure:

- **The deadline to submit a completed form and any required documentation to the Financial Aid Office is the Monday prior to the start of the academic term in which you plan to attend. Completed appeals will be sent to the Satisfactory Academic Progress Committee for review.**
- To submit an appeal, you are required to complete this form, provide supporting documentation, and a written statement of appeal. All documentation should relate to the specific period of time during which your academic performance failed to meet the College's SAP policy.
- Completion of this form and your written statement of appeal must be typed or written in blue or black ink. The statement of appeal must include the following:
  - Paragraph 1: Explain the circumstances that contributed to your academic situation.
  - Paragraph 2: Explain the changes in your circumstances that will allow you to focus on your future academic performance.
  - Paragraph 3: Explain the steps you will take in order to improve your academic performance.

Submission of an incomplete appeal will be automatically denied unless proper documentation is submitted by the date requested. *Submission of an appeal will not guarantee that it will be approved.*

- Appeals will be reviewed prior to the start of each semester.
- No new appeals will be reviewed once the semester begins.
- Appeals received after the published deadline will not be reviewed.

Appeal Decisions:

- The Satisfactory Academic Progress Committee will notify a student of their appeal decision through their ASUN email address. If a student's ASUN email address is not available, a letter will be mailed to the current address on file.
- Decision results will not be released until the committee has reviewed all appeals.
- Decision information may also be found on the <https://mycampus.asun.edu> portal.
- Results will not be given over the phone.
- The committee's decision is final.

**Please provide the following information:**

Appeal to regain financial aid eligibility for which academic term? \_\_\_\_\_ Fall 2017 \_\_\_\_\_ Spring 2018 \_\_\_\_\_ Summer 2018

Extenuating Circumstance (Please check one)	Required Documentation (All documents must be signed and attached)
<input type="checkbox"/> Personal Injury, illness, physical disability, or victim of a crime	<ul style="list-style-type: none"> <li>• Student appeal statement detailing the circumstances that impaired performance and why future academic performance will not be impaired by circumstances.</li> <li>• <u>If a victim of a crime</u>: Copy of police reports of incident in which student was the victim.</li> <li>• <u>If injury, illness or physical disability</u>: <b>Statement</b> (<i>DO NOT SEND COPIES OF MEDICAL BILLS OR MEDICAL CHART</i>) from healthcare provider detailing the medical condition that impaired academic performance:                         <ul style="list-style-type: none"> <li>○ Student’s limiting medical condition and timeframe for which conditions existed.</li> <li>○ How the condition may have impaired academic performance.</li> <li>○ How the student has rehabilitated to such an extent that the medical condition should not significantly impair future academic performance.</li> </ul> </li> </ul>
<input type="checkbox"/> Death/Illness of an immediate family member	<ul style="list-style-type: none"> <li>• Student appeal statement detailing the circumstances that impaired performance and why future academic performance will not be impaired by circumstances.</li> <li>• <u>If illness of immediate family member</u>: Statement from doctor detailing medical condition incurred by the family member. Statement should specifically address the medical condition(s) and timeframe for which the condition(s) existed.</li> <li>• <u>If deceased</u>: Copy of death certificate.</li> </ul>
<input type="checkbox"/> Separation/Divorce	<ul style="list-style-type: none"> <li>• Student appeal statement detailing the circumstances that impaired performance and why future academic performance will not be impaired by circumstances.</li> <li>• Copy of separation agreement or divorce decree.</li> </ul>
<input type="checkbox"/> Other extenuating circumstances not listed above	<ul style="list-style-type: none"> <li>• Student appeal statement detailing the circumstances that impaired performance and why future academic performance will not be impaired by circumstances</li> <li>• <u>If work related</u>: Statement from employer explaining work-related difficulties. The statement should specifically address the following:                         <ul style="list-style-type: none"> <li>○ Student’s specific work-related difficulties and timeframe for which difficulties existed.</li> <li>○ How the work situation has changed to such an extent that it should not significantly impair future academic performance.</li> </ul> </li> <li>• <u>If other extenuating circumstances</u>: Relevant documentation to support the student’s statement.</li> </ul>

**Note:** Third party documentation must be on letterhead or an official form (i.e. police report/death certificate) and include an official signature.

Prior to the submission of this form, make sure all of your supporting documentation is attached, including your written statement of appeal. Please send your appeal form and all supporting documentation directly to:

ASU-Newport  
Financial Aid Office  
7648 Victory Blvd.  
Newport, AR 72112

**Student Certification:**

By signing below, I acknowledge that I have read and understand the information of this form. I certify that all information submitted with my appeal is true and correct to the best of my knowledge. If asked, I will provide any additional to verify the accuracy of my appeal. I have read and understand ASUN’s Satisfactory Academic Progress policy (SAP) and understand that my appeal does not guarantee that it will be approved.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date