



Financial Aid Office
2016 – 2017 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 the student is enrolled. Students who do not meet the College's standards for Satisfactory Academic Progress (SAP) are placed on financial aid warning for their next term of enrollment. If the student fails to meet policy standards, the student is placed on financial aid suspension and will no longer be eligible to receive financial aid.

Students who experienced a serious hardship situation during their period of financial aid warning and were placed on financial aid suspension may apply for an appeal for their suspension. Appeals are reviewed by the Financial Aid Appeals Committee. *The Committee's decision is final.*

To submit an appeal of financial aid suspension, the student is required to complete this form along with any required supporting documentation, and provide a written statement of appeal. All documentation should include the student's name and relate to the specific period of time during which your academic performance failed to meet the College's SAP policy.

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

Completion of this form and the student's written statement of appeal must be typed or written in blue or black ink. The student's appeal statement 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.

Decisions for appeal are determined within 10 business days upon receipt of the appeal and supporting documents. Submission of an incomplete appeal will be automatically denied unless proper documentation is submitted by the date requested. Please note that appeals may take longer during peak processing times. *Submission of an appeal will not guarantee that the appeal is approved.*

Students waiting for an appeal decision should be fully prepared to assume responsibility for all tuition, fees and other college charges, regardless of the result of the appeal.

Please provide the following information:

Appeal to regain financial aid eligibility for which academic term? _____ Fall 2016 _____ Spring 2017 _____ Summer 2017

What SAP standard(s) are you not meeting? Please check all that apply:

- ☐ Cumulative GPA: Cumulative GPA must be a minimum of 2.0.
- ☐ Pace of Progress: Students must successfully complete 67% or more of attempted credit hours.
- ☐ Maximum Time frame: Students must complete their program within 150% of the published credit hours required for their degree or certificate. (**NOTE:** If your suspension notice was in regard nearing or exceeding the SAP Maximum Time Frame, you and your advisor will be required to complete an academic plan).

Extenuating Circumstance (Please check one)	Required Documentation (All documents must be signed and attached)
☐ Personal Injury, illness, physical disability, or victim of a crime	• Student appeal statement detailing the circumstances that impaired performance and why future academic performance will not be impaired by circumstances. • <u>If a victim of a crime</u>: Copy of police reports of incident in which student was the victim. • <u>If injury, illness or physical disability</u>: Statement (DO NOT SEND COPIES OF MEDICAL BILLS OR MEDICAL CHART) from healthcare provider detailing the medical condition that impaired academic performance: ○ Student's limiting medical condition and timeframe for which conditions existed. ○ How the condition may have impaired academic performance. ○ How the student has rehabilitated to such an extent that the medical condition should not significantly impair future academic performance.
☐ Death/Illness of an immediate family member	• Student appeal statement detailing the circumstances that impaired performance and why future academic performance will not be impaired by circumstances. • <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. • <u>If deceased</u>: Copy of death certificate.
☐ Separation/Divorce	• Student appeal statement detailing the circumstances that impaired performance and why future academic performance will not be impaired by circumstances. • Copy of separation agreement or divorce decree.
☐ Other extenuating circumstances not listed above	• Student appeal statement detailing the circumstances that impaired performance and why future academic performance will not be impaired by circumstances • <u>If work related</u>: Statement from employer explaining work-related difficulties. The statement should specifically address the following: ○ Student's specific work-related difficulties and timeframe for which difficulties existed. ○ How the work situation has changed to such an extent that it should not significantly impair future academic performance. • <u>If other extenuating circumstances</u>: Relevant documentation to support the student's statement.

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