

2024-2025 Financial Aid Satisfactory Academic Progress Appeal Form

Student Name: _____ Student ID number: _____

Our records show you have not met the minimum satisfactory academic progress requirements to receive financial aid. You must submit a Financial Aid Satisfactory Academic Progress (SAP) appeal and be approved in order to regain eligibility to receive financial aid.

Your Financial Aid Satisfactory Academic Progress appeal must contain the following elements:

- (1) the reason(s) why you have not maintained satisfactory academic progress, and
- (2) what you intend to do to meet the satisfactory academic progress requirements by the end of your next term of enrollment. It is important that you explain your circumstances in detail. If your SAP problem developed over the course of several semesters, you must explain the circumstances for each term. Generalized statements will not be enough for our consideration of your appeal.

Your appeal should address one or more of the conditions that resulted in not meeting the SAP requirements below.

_____ Grade Point Average: A financial aid student is expected to maintain a minimum cumulative grade point average (GPA). The GPA is based on cumulative (not term) units at SLU. Undergraduate required GPA = 2.0.

_____ Units Attempted: Students enrolled full-time must complete a minimum of 67% of their attempted term units.

_____ Maximum Time Frame: A financial aid student must complete his/her educational objective within the maximum time frame allowed. The maximum time frame for undergraduates may not exceed 150% of the published length of the SLU program measured in total units attempted.

Here is the link location for the FA SAP detail on the SLU website (note that NYS TAP awards have a separate SAP progress chart).

<https://www.stlawu.edu/offices/financial-aid-office/satisfactory-academic-progress>

SECTION 4: CONDITIONS OF APPEAL

Please read and sign below. Your signature indicates your understanding of the conditions of your appeal and that all information reported on this form and any attachments are true, complete, and accurate.

*I understand that if my appeal for reinstatement is APPROVED, I will be placed on Financial Aid Probation.

*I understand that while on Financial Aid Probation, I will be REQUIRED to follow my approved Student Academic Plan, which was submitted with my appeal.

*I understand that failure to follow my approved Student Education Plan will result in denial of financial aid.

*I understand that if I am placed on financial aid probation and do not meet the minimum academic progress requirements, I will be denied financial aid.

*I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed.

*I understand that this document pertains to a financial aid eligibility issue with my academic performance, and that I would need to work with academic staff (advisors) on any academic probation issues. These are two separate issues with different staff and departments.

Student Signature: _____ Date: _____

For Office Use Only

Reviewed by: _____ Date: _____ Recommendation: _____

FA Administrator: _____ Date: _____ Decision: _____