

## Satisfactory Academic Progress Appeal



Office of Financial Aid

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

SAP Suspension for: ☐ Completion Rate (CR) ☐ Grade Point Average (GPA) ☐ Maximum Timeframe (MTF)

You have been placed on financial aid suspension for failing to meet one or more of the standards for Satisfactory Academic Progress (SAP). Please view our SAP Policy online at:

<https://www.pfw.edu/offices/financial-aid/policy-procedures/academic-progress.html>.

If circumstances beyond your control prevented you from meeting the SAP standard(s), you can appeal to have your financial aid eligibility reviewed for probationary reinstatement. Appeals for the current semester must be submitted at least 14 days prior to the beginning of finals week. Appeals submitted after this will be reviewed for the next semester.

### **Approval is not guaranteed.**

*If this **appeal is denied**, you will be responsible for any outstanding balance that you have with PFW and you will not receive any federal, state, or institutional financial aid until you repair your record.*

*If the **appeal is approved** and you receive an F, W, or I in any course while on probationary reinstatement your aid will be suspended once again.*

### **Student steps to have financial aid eligibility reviewed:**

***(Incomplete submissions will not be processed.)***

- ☐ I met with my academic advisor and we established an academic plan.
- ☐ I attached a typed, signed, and dated personal statement.
- ☐ My statement explains my original situation that led to failing SAP, how my circumstances have changed, and includes actions to meet SAP moving forward. If my appeal is for MTF, it also includes an explanation of why I have not graduated within the established maximum number of credits (150% MTF rule.)
- ☐ I attached additional documentation supporting my statement and appeal.

### **Academic Advisor:**

***(to be filled out by your academic advisor)***

Advisor Name: \_\_\_\_\_ Department: \_\_\_\_\_

This student is seeking a(n): ☐ Certificate ☐ Associate Degree ☐ Bachelor's Degree ☐ Graduate Degree

Number of credit hours required for degree: \_\_\_\_\_

Number of credit hours student needs to complete degree: \_\_\_\_\_

Number of credit hours student has agreed to take next semester: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

I met with the student and we devised an academic plan and agreed to meet for progress meetings as follows:

*By signing below, I certify that the information provided is truthful and accurate. I understand that if I purposely provide false or misleading information, I may be fined, sent to prison, or both. Further, I am authorizing the PFW Financial Aid Office to use any and all educational records in review of this appeal.*

Student Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*Please monitor your PFW student email for any communication regarding your appeal. If further information is needed to process your appeal, and/or after your appeal has been processed, you will be notified through your PFW student email.*

*By signing below, I certify that I have met with the student named above. We have discussed and recorded an academic plan that should resolve the academic problem and create a path to graduation. This plan is on file within my academic unit and is available for review by the student or by the financial aid office.*

Advisor Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*Appeals can be submitted by fax, mail, or in person. Email submissions and electronic signatures will not be processed.*