
Satisfactory Academic Progress Financial Aid Ineligibility Appeal Form



Students who are not meeting the satisfactory academic progress (SAP) policy may appeal for reinstatement of financial aid eligibility. An appeal can only be submitted if a student's failure to make satisfactory academic progress is based upon **events beyond their control**. These events must coincide with the time frame in which the student was not academically successful.

A. Student Information

Last Name

First Name

M.I.

Social Security Number

Street Address (include apt. no.)

Date of Birth

City

State

Zip Code

Home or Cell Phone Number

E-mail address

When do you request your aid reinstatement be effective (MM/YY): ____/____

*If you have previously submitted an SAP Appeal, you are not eligible for a second appeal.

B. Appeal Reason (Please indicate which circumstance below best applies to you):

- Illness or Injury (*please attach medical records or a doctor's letter on doctor's letterhead – must include date of illness or injury*)
- Illness of Family Member which prevented my attending class (*please attach medical records or a doctor's letter on doctor's letterhead – must include date of illness or injury*)
- Death of Family Member (*please attach obituary, funeral program, or death certificate – must include date*)
- Other Unavoidable Event and third party documentation of event or organization letterhead (*i.e. licensed counselor, social worker, pastor, teacher – no family members*)

I understand that I have failed to meet the federal Financial Aid SAP requirements and that this caused me to lose my financial aid eligibility. I understand that this Financial Aid SAP Appeal will be reviewed by a committee and approved if, in their opinion, the circumstances of my situation justify exempting me from those federal requirements temporarily. I understand the Financial Aid Appeals Committee decision cannot be appealed to another source.

Student's Signature (Required)

Date

Please make a copy of this form for your records.

Satisfactory Academic Progress Appeal Checklist

- Submit Completed Satisfactory Academic Progress (SAP) Appeal Form
- Submit a signed, typed letter explaining the extenuating circumstances (*See below*)
- Submit supporting documentation for the dates of when the extenuating circumstances occurred (*medical, legal, death, divorce, separation, etc.*)

Satisfactory Academic Progress (SAP) Letter Format:

Your letter must include the following:

Your Name

Address

City, State Zip

Phone Number

Current Date

Financial Aid Office,

- Paragraph one should include a detailed explanation of what happened to cause you to be unable to maintain your satisfactory progress.
- Paragraph two should explain why an appeal should be granted and how your circumstances have changed to ensure you will be successful now and in the future.
- Paragraph three should explain your academic goals and your plans to achieve these academic goals.

Sincerely,

Student Signature

Your name

Return this form to:

Ohio Christian University, Financial Aid Office

1476 Lancaster Pike, Circleville, Ohio 43113

Phone: 740-420-5944 Fax: 740-477-7714 E-mail: agsfinaid@ohiochristian.edu