

## Satisfactory Academic Progress Appeal Form

### Overview

The Office of Student Financial Aid allows students who are placed on financial aid suspension for failing to meet satisfactory academic progress the right to appeal if there were extenuating circumstances that caused the violation. Extenuating circumstances are defined as environmental conditions outside of the student's control (ex. death in the immediate family or severe illness).

When submitting your appeal please remember to address the following:

1. Extenuating reasons that specifically address why you failed to meet SAP requirements outlined in the Office of Student Financial Aid's SAP Policy
2. Your future plan for academic success and degree attainment

Please note that all appeals should include third party documentation to support your claim.

### Notification of Decision

The Chair of the SAP Appeals Committee will send written notification of its decision, usually within two weeks after the appeal is received. If you owe a balance to the university you are responsible for paying it by the due date. If your bill is not paid on time, you may be assessed late fees or your registration may be cancelled. If your appeal is approved, your financial aid will be reinstated during the semester that your approval occurs.

If, following the decision of the Appeals Committee, you feel that further appeal or explanation is necessary; you may make an appointment with the Chair of the SAP Appeals Committee by contacting (301) 314-9000.



**Satisfactory Academic Progress Appeal Form**

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

UID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

**Appeal Check List**

- A detailed appeal letter that describes the usual circumstances that caused you to not meet the SAP requirements and what has changed that will allow you to meet the requirements in the future
  
- Third party documentation. Examples of third party documentation include a letter from a teacher, advisor, physician, or lawyer
  
- Current academic plan signed by your advisor

I certify that this information is complete and accurate.

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