

2019-2020 SUSPENSION APPEAL- GPA & PERCENTAGE COMPLETION

T Number: _____ Student' Name: _____
Phone Number: _____ Email: _____

****Appeal Deadlines: You must submit your appeal by the corresponding deadlines**

Appeals submitted before the deadline will be reviewed prior to payment deadline to allow students to make payment arrangements if not approved. Appeals submitted after the last day to submit an appeal will be reviewed for future terms.

2019-2020 Award Year			
Semester	Fall 2019	Spring 2020	Summer 2020
Last Day to Submit Appeal	9/27/18	2/07/19	6/05/19

Satisfactory Academic Progress (SAP) Appeal Requirements:

You may request a review of Financial Aid Suspension based on extenuating circumstances (medical, personal, other). Some situations may require that you submit additional information. We will notify you if additional information is needed. Please note: Your SAP appeal ***will not*** be considered for any reason for which you have previously filed a SAP appeal.

Complete all of the following items:

1. Which semester are you requesting a financial aid reinstatement? (**Mark one only**)

Fall 2019 _____ Spring 2020 _____ Summer 2020 _____

2. Please attach a full explanation of the unusual or extenuating circumstances (personal, medical, etc.), which prohibited you from meeting the required Satisfactory Academic Process requirements. Please be as specific as possible. **You must include the appropriate documentation to justify your appeal.**
3. Please include an explanation of the changes you have made that will enable you to meet the required Satisfactory Academic Progress requirements.
4. Please attach a signed Academic Success Plan (signed by your academic advisor).

*****Before requesting this appeal, you must read and understand the SAP policy as listed on our website:** <https://www.suu.edu/finaid/sappolicy.html>

(Please mark one) **Yes, I have read and understand the SAP Policy** _____ **No** _____ **I have not read the SAP Policy**

STUDENT CERTIFICATION STATEMENT – GPA AND PERCENTAGE HOURS EARNED

- To the best of my knowledge, the information in this appeal is true and accurate.
- I understand that during peak seasons, there may be a four week processing time for the request.
- I understand that I will be notified by mail of the final decision.
- I understand that there is no guarantee of approval of my SAP appeal.
- I understand that I will continue to be on SAP Suspension until my GPA is at a 2.0 for undergraduate or 3.0 for masters, I am at 70% completion (of all attempted courses), and the number of credit hours may not exceed 150% of the number of credit hours required to graduate in my program of study.
- I understand that I cannot receive any grades of: F, UW, or W.
- I understand that if I earn an "I" grade, I must complete the course and a grade must show on my SUU transcript before a progress check can be approved and I receive any further financial aid.
- I understand that if I make any changes to my class schedule I must submit an updated Academic Plan.

Student's Signature: _____ Date: _____

For Official Use Only:

GPA: _____ %: _____ Approved: _____ () 1st Appeal () Other
Hours: _____ SAP Code: _____ Denied: _____ () 2nd Appeal