



# Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

DIVISION OF STUDENT AFFAIRS  
OFFICE OF FINANCIAL AID

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## Satisfactory Academic Progress (SAP) Appeal Form for Financial Aid Recipients

Please complete all steps outlined on this form to appeal your financial aid ineligibility. Failure to submit documentation and follow instructions will result in a denial or a delay in the decision of your appeal.

### Step 1: Student Information

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Full Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Please check the term for which you are submitting an appeal.**

Semester/Year: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ 20\_\_\_\_

### Step 2: Reason for Financial Aid Suspension

Please check all that apply. I am completing an appeal by answering all of the questions on this form in detail, and I am including supporting documentation for reinstatement of financial aid. I would like to appeal my financial aid suspension because:

- I currently have a cumulative grade point average (GPA) below the minimum standards
- I have failed to meet the required 67 percent course completion rate
- I have exceeded the maximum number of credit hours limit

### Step 3: Appeal Information

Financial aid ineligibility can be appealed if you have suffered undue hardship. In order for an appeal to be considered, your circumstances must meet at least one of the criteria in the chart below. Please indicate below which situation(s) best applies to the academic difficulty you experienced. In addition, **ALL appeals must be submitted with supporting documentation.** Examples of acceptable documentation are listed in the following chart. The documentation should be attached to the appeal at the time the appeal is submitted.

Circumstance(s) that Apply	Required Documentation (must include dates)
<input type="checkbox"/> Severe illness, medical condition or injury	<input type="checkbox"/> Signed and dated letter from physician on office letterhead; legible copy of accident report
<input type="checkbox"/> Death of a family member	<input type="checkbox"/> Death certificate and/or dated obituary from newspaper
<input type="checkbox"/> Traumatic life-altering event such as fire, hurricane, etc.	<input type="checkbox"/> Evidence of event such as insurance claim or FEMA application
<input type="checkbox"/> Military Assignment or reassignment	<input type="checkbox"/> A Statement of Service signed by, or by direction of, the adjutant, personnel officer, or commander of your unit or higher headquarters which shows your date of entry on your current active duty period and the duration of time.
<input type="checkbox"/> Other circumstance beyond the control of the student (Must explain in detail the nature and dates of the unexpected circumstance)	<input type="checkbox"/> Appropriate documentation which will verify situation

Complete **all** questions and elements below. Please attach additional pages if necessary.

1. Explain the circumstances that prevented you from maintaining SAP and the reasons for the basis of this appeal. You need to answer: (A) What was the problem? (B) When did the problem occur? (C) How long did the problem last? (D) How did this affect your academic performance? and, (E) What steps were taken to ensure that the minimum standards will be met in the future. Be as detailed as possible.
2. List the documents below that you have attached to support your appeal for reinstatement. Please explain how each relates to or supports the circumstance(s) discussed in question #1.

**Step 4: Academic Plan**

In order for an appeal to be considered, students must meet with an academic advisor to (1) ensure they are able to mathematically meet the Satisfactory Academic Progress standards at the end of the next regular semester and (2) to complete an Academic Plan Form that will provide the student with an academic plan which places them back on track to meeting SAP at the end of a stated period of time. The student should report to his academic college to have the Academic Plan Form completed prior to submitting the appeal form to the Office of Financial Aid.

**Step 5: Checklist of Completion** - Please check the following to verify you have completed all steps prior to submitting your appeal.

- I have read and understand FAMU's SAP Policy which can be found at [www.famu.edu/financialaid](http://www.famu.edu/financialaid)
- I have completed the appeal form and all questions have been answered.
- Documentation to support my appeal has been attached.
- I have met with an academic advisor where all required sections of the Academic Plan Form were completed.

**Deadlines**

**Summer Semester:**      **June 5**  
**Fall Semester:**        **July 1**  
**Spring Semester:**      **January 15**

**Certification of Information**

By signing below I certify and understand the following:

- The information I have provided is true and complete to the best of my knowledge. Furthermore, I realize that additional information may be requested by the Office of Financial Aid to further support my appeal.
- The maximum number of appeals any student may have granted during the total of all their enrollment **periods** at FAMU is two (2).
- Once a final decision has been reached regarding my appeal for financial aid, I will be sent notification electronically or by mail. Therefore, it is my responsibility to check my FAMU iRattler account frequently during this period.
- If I am granted an appeal approval, I will be placed in a financial aid probation status and must meet the SAP standards at the end of the payment period/term or meet the standards outlined in my Academic Plan. If I fail to meet the requirements, my eligibility for financial aid will be suspended.
- If I am ineligible for financial aid, I am responsible for all charges on my student account.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only*

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Additional info needed \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initials: \_\_\_\_\_



Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Term of Plan \_\_\_\_\_

University Transcript Information	Financial Aid SAP Information
Cumulative GPA _____	SAP Cumulative GPA _____
Total Hours Attempted _____	SAP Total Hours Attempted _____
Total Hours Earned _____	SAP Total Hours Earned _____
Total Hours Remaining _____	SAP Percent (%) Completed _____

**Minimum Credit and GPA Requirements: TO BE COMPLETED BY ACADEMIC ADVISOR ONLY**

Record the minimum credit and GPA requirements that must be completed each semester to assist in meeting Academic Standing requirements and/or SAP standards for financial aid reinstatement. (PLEASE USE THE ACADEMIC PLAN WORKSHEET AS A GUIDE)

	Semester 1	Semester 2
<b>Term and Year (e.g., Summer 2015; Fall 2015, etc.):</b>		
Minimum number of semester credits the student must successfully complete:		
Minimum semester GPA the student must successfully attain:		
Projected Cumulative GPA after each semester:		
Projected Completion Rate after each semester:		

**For Students on SAP:** Is it mathematically possible for the student to meet SAP by the end of this academic year (Fall and Spring only)?

\_\_\_ Yes The student can meet the SAP requirements by the end of this academic year.

**If the student cannot meet SAP by the end of this academic year, please identify the projected term and year the student will meet the SAP requirements (e.g., Fall 2015, Spring 2016, etc.). Please attach an Academic Plan for the additional semester(s) as needed.**

\_\_\_ No **Projected End Date of Academic Plan:**

**Term:** \_\_\_\_\_ **Year:** \_\_\_\_\_

