



For Office Use Only:	
<input type="checkbox"/>	Appeal fully accepted
<input type="checkbox"/>	Appeal accepted with academic conditions
<input type="checkbox"/>	Appeal denied

Satisfactory Academic Progress Appeal Form

This form serves as an appeal for reinstatement of my federal/state financial aid. I understand that I have not met the Satisfactory Academic Progress Standards at Southern Connecticut State University during my last enrollment period, and I would like to appeal the decision due to personal mitigating/extraordinary circumstances. I also understand that I am not eligible for financial aid unless I receive written approval of this request for reinstatement of financial aid.

Through this appeal, I am seeking reinstatement of aid for:

Form with checkboxes for Fall, Spring, and Summer terms.

Form with fields for Last Name, First Name, and Middle Initial.

Form with fields for Address, City, State, and Zip Code.

Form with fields for Student ID and Phone Number.

@southernct.edu

Southern E-mail Address

Have you submitted a previous SAP appeal at SCSU?

Form with checkboxes for No and Yes, followed by a blank line.

Date

Reason(s) for this current appeal:

Form with checkboxes for Insufficient Grade Point Average and Insufficient credit hours earned.

Please respond to both of the following requests in a typed document:

1. Describe legitimate circumstances that prevented you from meeting the required SAP standards (i.e.: medical emergencies, long term illness, death in the family, or other extenuating personal situations, and the ways in which this unavoidable circumstance prevented you from fulfilling your academic responsibilities). Please attach documentation or evidence of your circumstances (i.e.: letter from physician, hospital documentation, etc).

2. Outline actions you intend to take to improve your academic performance and how you plan to make up credits and/or increase your GPA. Please attach documentation (i.e.: schedule of summer classes, tutoring, and/or work, change of major, letter from academic advisor, etc).

Your signature below indicates that all of the information and documentation you have provided pertaining to this appeal is true and complete to the best of your knowledge. Further, you authorize Student Affairs Staff to access your academic and financial records for review of your SAP appeal.

Form with fields for Signature of Applicant and Date.

DEADLINE: ALL APPEAL FORMS MUST BE RECEIVED BY 4:30PM, July 2, 2009

Please return this completed form along with documentation to The Office of the Dean of Student Affairs, Engleman Hall room A106 or fax to (203) 392-5705