



Fall 2019 Undergraduate Satisfactory Academic Progress Appeal Form

Student Name: _____

Student ID: _____

This form serves as an appeal for reinstatement of financial aid. I understand that I have not met the satisfactory academic progress (SAP) 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 understand that I must remain a matriculated student to have this appeal reviewed and to receive financial aid should this appeal be approved.

I understand that I must turn in the following documents in order for my appeal to be reviewed. (Check each box.)

- A typed written appeal letter that:
 - Describes the legitimate circumstances that prevented me from meeting the required SAP standards and the ways in which this unavoidable circumstance prevented me from fulfilling my academic responsibilities.
 - Outlines the actions I will take to improve my academic performance, and how I plan to make up credits and/or increase my GPA.
- Attach supporting documentation or evidence of my circumstances (Must be on official letterhead)
 All documents must list the student's name and student ID. Examples of supporting documentation include:
 - Doctor's note or letter from a physician
 - Legal documents
 - Police report/court documents
 - Any other official document that supports what is stated in my appeal letter
- An Academic Plan (included below) that I must adhere to should my appeal be approved.

Satisfactory Academic Progress Academic Plan

List below the classes you will take during the upcoming semester. If you are retaking a class to increase your GPA, please indicate so by checking the corresponding box.

Semester: Fall 2019 Course Name(s)	Number of Credits	I am retaking this class for a better grade
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that if this appeal is granted I am required to meet the following condition: (Check each box.)

- I will not withdraw from the courses listed in my Academic Plan.
- I will receive passing grades for each course I take. The SAP Appeals Committee may specify the grades required to adhere to the conditions of the approval.
- I understand that incompletes (I) and withdrawals (W) are not allowed.
- I will meet with the Academic Success Center staff to develop a plan for academic success. I understand this may mean meeting regularly with staff throughout the semester. The initial intake meeting with Academic Success Center must be done during the summer.

Certification:

My signature below indicates that the information and documentation I have provided pertaining to this appeal are true and complete to the best of my knowledge. Further, I authorize the Satisfactory Academic Progress Appeals Committee to access my academic and financial records for review of my SAP appeal. I also understand that I am not eligible for financial aid unless I receive approval of this request for reinstatement of financial aid. I understand that incomplete forms and documents will not be processed. If this appeal is approved, I understand that the approval is for one semester only and that my transcript will be evaluated again, once final grades are in, to determine whether I may continue to receive financial aid.

I understand that the deadline to submit a complete appeal for Fall 2019 is June 24, 2019.

I understand that I must ensure that my bill is paid even if an appeal decision has not yet been made.

I will submit all documents at one time. Incomplete appeals will not be considered for approval.

Signature: _____

Date: _____

Please email this completed form along with documentation to SapAppeal@southernct.edu or fax to (203) 392-5229.