Satisfactory Academic Progress Appeal Form: Graduate Students

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 CT State University during my last enrollment period, and I would like to appeal due to personal mitigating/extraordinary circumstances. I will check my university email for correspondence regarding this appeal. I also understand that I am not eligible for financial aid unless I receive approval of this request for reinstatement of financial aid.

Notifications will be sent via your official university email address (@southernct.edu)

Through this appeal, I am seeking reinstatement of aid for the _____ 2018 semester.

_____ _____ _____
Last Name First Name M.I.

_____ _____
Student ID Phone Number

_____
Southern E-Mail Address

Have you submitted a previous SAP appeal to SCSU?
___ Yes, in _____ (semester/year) ___ No

In addition to this form, you are required to provide the following information in a typed document:

1) Describe legitimate circumstances that prevented you from meeting SAP standards (i.e.: medical emergencies, long term illness, death in the family, or other extenuating situations, and the ways in which this unavoidable circumstance prevented you from fulfilling your academic responsibilities). Include a statement indicating the standard(s) that are not currently met.
2) Attach supporting documentation or evidence of your circumstances (i.e.: letter from physician, hospital documentation, etc.). This documentation is required.
3) 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, change of major, academic plan, letter from academic advisor, etc.)

My signature below indicates that all of the information and documentation provided pertaining to this appeal is true and complete to the best of my knowledge. I understand that if any of the required information and documents are not included at time of submission, review of my appeal will be delayed. Further, I authorize the School of Graduate Studies to access my academic and financial records for review of this SAP appeal. I understand that if my appeal is approved that I must remain a matriculated student for the semester in which financial aid is granted.

_____ _____
Signature of Applicant Date

Please return this completed form electronically with supporting documentation to SAP-Grad@southernct.edu