2014-2015 Satisfactory Academic Progress (SAP) Appeal Form

Student Name ___________________________________  Student ID 900 ____________________________
Best contact phone number: ___________________  Email Address: ___________________@students.ipfw.edu

Instructions

Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas to be eligible for financial aid: cumulative GPA, hours earned, and maximum time frame. A student who has lost his/her eligibility for financial aid may appeal for reinstatement of his/her eligibility if circumstances beyond his/her control prevented him/her from meeting the established standards. Circumstances that may merit appeals include, but are limited to, serious illness, injury, and death of a family member.

Please see the full SAP Policy online at http://www.ipfw.edu/financial/financial-aid-policy/sap.html for additional information.

Requirements of an appeal are as follows:

1. A typed personal statement that includes:
   - What extenuating circumstance prevented you from meeting the SAP requirements
   - How your circumstances have changed and what action you will take that will enable you to meet the SAP requirements going forward
   - If you are on SAP for the 150 rule, please indicate what your credits are so far in excess of your degree’s requirements such as change in degree program, previous Bachelor’s or Associate’s degree or transfer between institutions

2. Provide documentation that will support your appeal (we are aware that some situations have no documentation). Listed below are some examples of what acceptable documentation may be:
   - In situations of death: death certificate or obituary
   - In situations of illness or injury: letter from physician or hospital
   - Third party professional documentation from a counselor, minister, caseworker, etc.
   - Please note that if you have documented any of these circumstances for any other appeal to the Dean of Students or Registrar’s Office, then you may submit a copy of your outcome letter instead of the supporting documentation.

3. You must meet with your academic advisor in order to make an academic plan that will bring you back to meeting standards and lead you to graduation. Your advisor must complete the back side of this form.

Incomplete appeals cannot be processed. Incomplete appeal materials will be returned.

Student Certification

By signing this application I certify that all information provided is true, and correct. Further I am authorizing the IPFW Financial Aid office to use any and all educational records in review of this appeal. I understand that Federal laws regulating financial aid state that if I provide false or misleading information, I may be fined up to $20,000, sent to prison, or both. Providing false or forged information is also a violation of the IPFW Code of Student Rights, Responsibilities and Conduct and I understand that if I do this, I will be referred to the Dean of Students for appropriate consequences.

_______________________________________________  ____________
Student’s Signature  Date Signed
## Advisor Certification

Student's current degree program, please check on of the following:
- [ ] Bachelor’s
- [ ] Associate’s
- [ ] Certificate

Student's current academic program

# of required credit hours for the degree program

# of credit hours student has taken that count toward degree program

# of credit hours student still needs to take to complete current degree program

# of credit hours you and the student agreed upon them taking next semester

Students anticipated graduation date

Have you reviewed the academic transcript with student?
- [ ] Yes
- [ ] No

Student has agreed to meet with you regularly for academic support?
- [ ] Yes
- [ ] No

Advisor comments: __________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

## Advisor Certification

With my signature I certify that I have met with the student named above. We have discussed and recorded an academic plan that should resolve the academic problem and create a path to graduation. This plan is on file within my academic unit and is available for review by the student or by the financial aid office.

_______________________________________________
Advisor’s Name (Please Print)                     Department

_______________________________________________
Advisor’s Signature                                Date Signed

## Financial Aid Office Use Only

Reviewer Initials  ____________  Date  ____________  □ Appeal Approved  □ Appeal Denied

Hours Attempted: ____________  Hours Earned: ____________  % of Completion: ____________

GPA: ____________  Grade Level: ____________  % Pell Used: ____________  Agg Loan Amount: ____________

Comments:___________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________