

## Satisfactory Academic Progress Appeal Form

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**TO THE APPLICANT:** Federal, State and Institutional regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas – cumulative GPA, completion rate, and maximum timeframe – to be eligible for financial aid. A complete description of SU's SAP policy for financial aid can be found online on the Financial Aid Office's website.

**EXTENUATING CIRCUMSTANCES:** An appeal can be submitted if a student's failure to be in compliance with one or more areas of SAP is based on significant extenuating circumstances (circumstances that seriously affected your academic performance). If such extenuating circumstances can be documented for the specific semester(s) when the deficiencies occurred, the student may submit this completed SAP appeal form.

**REINSTATEMENT OF AID:** For the Fall semester, the SU Appeals Committee will meet approximately every 2 weeks during the summer, beginning in late June. For the Spring semester, the committee will meet in early January. As the appeals are reviewed by the Committee, students will be notified of the decision via email. If your appeal is approved, you will be notified via email of the duration, terms, and conditions of the approval. Eligibility is not retroactive to a prior term. If your appeal is denied, you may choose to apply for a private educational loan. All decisions of the SAP Appeals Committee are final.

**APPEAL DEADLINE:** Appeals must be received by the SU Financial Aid Office by the deadlines below. It is the responsibility of the student to initiate an appeal before the specified deadline. Submission of the appeal does not guarantee approval.

**Fall 2014 Semester Deadline: August 22, 2014**

**Spring 2015 Semester Deadline: January 5, 2015**

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

Student Email Address: \_\_\_\_\_

**Provide a detailed explanation of the circumstances that led to the failure to meet the terms of the SAP policy and why those circumstances are no longer affecting your academic performance. In addition, indicate what you have done to address the problems that have prevented you from maintaining SAP and what you will do in the future to ensure that you will meet the SAP requirements. Attach additional sheets if necessary.**

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**Certifications and Signature:** I am requesting to have my financial aid eligibility reinstated. With my signature below, I certify that the information provided above is truthful and accurate. I understand that this information is subject to Southwestern's Honor Code and that any misrepresentation of information may be cause for reduction and/or repayment of federal, state, or institutional financial aid and possible disciplinary action. I understand that by submitting this appeal form, I grant permission for the SAP Appeals Committee to review supporting information available through the SU Center for Academic Success and the SU Registrar's Office.

Student Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form to:

Southwestern University Financial Aid Office, PO Box 770, Georgetown, TX 78626  
Phone: (512) 863-1259 Fax: (512) 863-1507 Email: [finaid@southwestern.edu](mailto:finaid@southwestern.edu)