



---

---

## SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL REQUEST

---

---

Students have the right to appeal against the cancellation of financial aid due to failure to meet satisfactory academic progress. Appeals must be in writing to the Financial Aid Office and must be based on 1) Extenuating circumstances\* that had a direct effect on your academic performance, 2) A challenge to the administrative computation of completed credits/GPA or 3) An account for incomplete courses and a plan for completion. The appeal procedure includes:

- 1) Consult with your academic advisor about a path to meeting progress
- 2) Completion of this request form
- 3) Submission of official documentation to confirm your circumstances

**\*Consideration for Extenuating Circumstances Includes:**

- **Health Reasons:** Include medical documentation, (Physician's Note, Copy of Medical Bills, etc.)
- **Death of an Immediate Family Member:** Include a copy of the death certificate.
- **Undue Hardship:** Include documentation from a third-party professional (Instructor, Counselor, Clergy, Court Records, etc.) who can verify your claim.

---

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

Address: \_\_\_\_\_  
Street City State Zip Code

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

---

**BASIS FOR APPEAL:**

Health Issue(s)    Family Death    Undue Hardship    Computation challenge    Make up Incompletes

**APPEAL INFORMATION:**

When do you plan on completing your degree program? \_\_\_\_\_

Which semester did you lose financial aid eligibility? \_\_\_\_\_

What semester are you requesting financial aid eligibility for? \_\_\_\_\_

Briefly state for education objective and/or goals:

---

---

---

---

Explain the reasons why you are not achieving satisfactory academic progress. Explain and document any special circumstances which made it difficult for you to succeed in your classes. Attach supporting documents:

---

---

---

---

---

---

---

---

---

---

Explain how you plan to succeed in your classes from now on. Include specific steps you intend to take next semester to improve your academic performance. Attach any supporting documentation from the meeting with your academic advisor.

---

---

---

---

---

---

---

---

---

---

*By signing below, I certify and attest that the information provided in and with this request is true and accurate to the best of my knowledge and ability. I understand that my appeal will not be processed without supporting documentation. I have consulted with my academic advisor regarding this matter, and they have signed below.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**ACADEMIC ADVISOR COMMENTS:**

---

---

---

---

**Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_