

SATISFACTORY ACADEMIC PROGRESS APPEAL

Instructions for Appeal

1. Read all instructions, fill out the form completely and sign and date the appeal.

2. In order to appeal the denial of your continued financial aid eligibility resulting from not complying with the Satisfactory Academic Progress standards, you must complete a Satisfactory Academic Progress (SAP) Appeal, and submit ALL required supporting documentation. For more information about the Florida State University's academic progress requirements to receive financial aid, please see:

<http://financialaid.fsu.edu/Resources/Satisfactory-Academic-Progress-Policy>.

Appeals submitted without all required documentation will be regarded as incomplete and denied.

The following must be submitted as part of the appeal:

- ▶ Explanation of extenuating circumstances why you did not meet Satisfactory Academic Progress Standards. Your written statement must include a description of the problem/incident indicating dates and time periods involved, as well as the impact on your academic performance.
- ▶ Explanation of what has changed and is changing to allow you to meet Satisfactory Academic Progress.
- ▶ Academic Plan (to be completed by an academic advisor) - All students must submit an Academic Plan from their academic advisor. The plan must include course work to raise GPA, increase course completion ratio to 70%, and/or meet degree completion requirements. NOTE: Course work listed on the plan must be required for completion of your degree.

Note: Failure to corroborate your circumstance may result in your appeal being denied for lack of documentation.

3. Submit the completed appeal with all supporting documentation to the Florida State University, Office of Financial Aid, 228 Stadium Dr. UCA 4400 Tallahassee, FL 32301-2430. Appeals can also be faxed to 850-644-6404.

Academic Progress Petition Deadlines

Semester	Submit Appeal By:	For review by:	Last Day to Submit:
Fall 2017	8/1/2017	Fall Tuition Deadline	9/29/2017
Spring 2018	1/5/2018	Spring End of Term	2/8/2018

Note: Late appeal submissions are subject to federal regulations with regard to the awarding and/or disbursement of financial aid funds.

Example Reasons for Submitting an SAP Petition	Examples of Support Documentation (not inclusive):
Personal Illness or injury (including medical withdrawal)	<ol style="list-style-type: none"> 1. A detailed explanation of the medical circumstances including the date of occurrence, duration, and how it negatively affected your coursework. 2. Support documentation (i.e. medical withdrawal, physician's statement, copy of police report, medical documentation). 3. Support documentation regarding what steps you've taken to successfully move forward (i.e. statement from a physician, DSO, academic adviser, or 3rd party agency that assisted you during your illness or injury).
Illness of a family member	<ol style="list-style-type: none"> 1. A detailed explanation of the medical circumstances of the family member, including the name and relationship of the family member to you, the date(s) of occurrence(s), duration, and how it negatively affected your coursework. 2. Support documentation (i.e. physician's statement, medical documentation) 3. Support documentation regarding what steps you've taken that will allow you to successfully move forward (i.e. physician's statement, academic adviser, 3rd party agency).
Death of a Family Member/ Roommate/Close Friend	<ol style="list-style-type: none"> 1. A detailed statement including the name of the deceased and his/her relationship to you with an explanation of how this event negatively affected your coursework. 2. Support documentation (i.e. copy of the obituary, notice of the funeral, or death certificate). 3. Support documentation that demonstrates your ability to return to classes and successfully complete your course load (i.e. statement from academic adviser, letter of support from Counseling and Wellness Services, physician statement).
Personal Crisis	<ol style="list-style-type: none"> 1. A detailed explanation of the crisis including the date of occurrence, duration, and how it negatively affected your coursework. 2. Support documentation (i.e. physician's statement, copy of police report, Personal Protection Order, medical documentation, Victim's Advocacy memo) 3. Support documentation regarding what steps you've taken to resolve the crisis and successfully move forward (i.e. physician's statement, academic adviser, 3rd party agency that
Other Circumstances	<ol style="list-style-type: none"> 1. A detailed explanation of the circumstances and how they negatively impacted your academic progress. 2. Support documentation substantiating your circumstances. 3. Support documentation supporting that your circumstances have been either been resolved or are being managed. 4. A prescribed academic plan of work from an academic adviser outlining what courses and/or course load you will enroll in that will aid you in meeting the AP standards.
Exceeded Maximum Hours for Degree Completion	<ol style="list-style-type: none"> 1. A detailed explanation of the circumstances that resulted in your exceeding the maximum hours required to obtain a degree in your program of study. 2. A prescribed academic plan of work from an academic adviser outlining your remaining degree requirements and projected completion date.
<p>Note – Appeals submitted for reasons above will be reviewed on a case by case basis. Appeals are not automatically approved for any of the above reasons but are reviewed based on circumstances documented, academic history, and projection of potential for academic success.</p>	



Florida State
University
 Office of Financial Aid

Room A4400 UCA
 Tallahassee, FL 32306-2430
 850-644-0539 (phone)
 850-644-6404 (fax)
www.financialaid.fsu.edu

SATISFACTORY ACADEMIC
PROGRESS APPEAL

Semester	Submit Appeal	For review by:	Last Day to Submit:
Fall 2016	8/1/2017	Fall Tuition Deadline	9/29/2017
Spring 2017	1/3/2018	Spring End of Term	2/2/2018

SECTION I: General Information (to be completed by the student)

Name _____ EMPLID _____
 Please Print (First – Last)

Career (Circle): UGRD GRAD LAW MED Major: _____

Phone: _____ Expected Grad Date: _____

SECTION II: Statement of Appeal (to be completed by the student)

I am appealing cancellation of my financial aid for the following reasons: (check all that apply):

- Cumulative (including transfer) GPA is less than 2.0 for undergraduate or 3.0 for graduate
- Did not successfully complete 70% of attempted hours
- Exceeded the maximum attempted hours for degree completion

Second Appeal

- Did not comply with the prescribed Academic Plan requirements
- Additional Circumstances/Documentation not previously provided

SECTION III: Explanation (to be completed by the student)

Both questions must be answered and appropriate documentation must be submitted.

1. Describe extenuating circumstances of why you did not meet Satisfactory Academic Progress Standards. (Attach extra sheet if necessary.)

2. Explanation of what has changed or is changing to allow you to meet Satisfactory Academic Progress Standards and complete your degree program. (Attach extra sheet if necessary.)

Student's Signature

Printed Name

Date

SECTION IV: Academic Plan (both pages to be completed by the Academic Advisor, Department Head, or Dean)

This student is currently not eligible for financial aid for one or more of the reasons listed below.

We are requesting your assistance in assessing the student's academic record. Please develop the Academic Plan in consultation with the student. Be as specific as possible, and include any required or restricted courses and any restrictions on full-time enrollment.

The Student should indicate which criteria are being identified as the Satisfactory Progress Hold – available via the SAP email notification to student.

Student's Cumulative GPA less than 2.0

1. Provide a plan of work (courses and course load) in which the student is advised to enroll in order to raise cumulative GPA to at least 2.0.
2. Please include in the comments section (if appropriate) the grades and/or length of time it will require for the GPA to reach at least 2.0.

Student did not Successfully Complete 70% of Attempted Hours

Outline courses and/or course load in which the student is advised to enroll that will allow him/her to successfully complete at least 70% of his/her course load.

Student Exceeded the Maximum Number of Attempted Hours (180 hours undergraduate/Second Degree) for Degree Completion. Please see SAP policy at for the maximum number of graduate hours.

View SAP Policy here: <http://financialaid.fsu.edu/Resources/Satisfactory-Academic-Progress-Policy>

Section IV – Part 1

Academic History:

(1) Has the student completed all required courses for a bachelor's/master's/doctoral degree ___Yes ___No

(2) If student has declared minor, is it required for the degree? ___Yes ___No
 ___Student has not declared a minor.

(3) Remaining credit hours needed to complete degree program requirements

(Major and any required minor - including current term): _____

(4) Timeframe for degree completion (expected graduation): Term _____ Year _____

(5) Is the student seeking a double major? ___Yes _____ No

If yes, please complete a separate Academic Plan for each major.

Please continue to Academic Plan Part 2

Part 2 –

- Please provide detail for the Academic Plan - list course work recommended to raise GPA, increase course completion ration to 70%, and/or meet completion requirements. **List Minor courses only if required for major.
- If a minimum grade is required for course credit towards degree, please indicate.

Notes

- Full time enrollment (12 credits minimum/term Undergraduate) is expected, but less-than full time may be recommended if necessary for the student's academic success (due to circumstances – family/health/work)
- Students must be enrolled at least ½ time (6 credit hours minimum/term) to be eligible/disbursed financial aid, **but financial aid may only be awarded/disbursed for courses required for the degree being sought.**

Student's Name _____

EMPLID: _____

Academic Plan – Section IV – Part 2

Start with current term.

Prefix Course #	Required?	credit hours per class	Term		Prefix Course #	Required?	credit hours per class	Term
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		

Student:

I, _____ attest that all information provided is true and complete, and I agree to and understand that I must abide by the Academic Plan (Part 1 & Part 2) set up by my academic advisor. I also understand that if I do not abide by the plan, I will lose eligibility for financial aid.

Student's Signature: _____ Date: _____

Academic Advisor/Dean's Office:

I certify that I have spoken with the student in regards to his/her Academic Plan and provided the student with access to a copy of the completed plan.

Signature (Academic Advisor/Department Head/Dean): _____

Print Name: _____ Title/Department: _____

Phone number: _____ Email: _____