



FINANCIAL AID SUSPENSION APPEAL FORM SATISFACTORY ACADEMIC PROGRESS (SAP)

More information: <https://www.athens.edu/financial-aid/regulations/>

Student Name: _____ ID #: _____
Last First MI

Academic year and semester of requested return: Year: _____ Fall Spring Summer

SAP status you were notified of through your Athens State Online Account or Student Email:

Financial Aid Suspension Maximum Time Frame

Have you ever submitted a previous SAP appeal: Yes No Unsure

Degree you are currently working towards:

First Undergraduate Degree Second Undergraduate Degree First Graduate Degree Second Graduate Degree

Appeal Requirements

1. A written explanation of the unusual or mitigating circumstances that you believe prevented or hindered you in making satisfactory academic progress or completing your degree within the allowable timeframe; Include what has changed or the corrective actions being taken to prevent future problems.
2. A Financial Aid Official Plan of Study created with a Student Success Coach
3. Indicate below which situation(s) apply to you and provide supporting documentation:

Medical: If a personal medical problem contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.

Death/Illness: If the death or illness of an immediate family member contributed to your lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary etc.

Military Service: If you have withdrawn due to military service, provide documentation.

Other Circumstances: Please clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation. **Example: Courses on your academic record do not apply toward your current degree.**

Note: Circumstances related to the typical adjustment to college life such as working while attending school, financial issues related to paying bills and car maintenance/travel to campus, are not always considered as extenuating for purposes of appealing suspension of financial aid.

By filing this appeal and signing below, I understand and agree to the following:

- This is NOT an academic appeal, but pertains ONLY to my Federal aid eligibility.
- My appeal and supplied information must be reviewed and that a reinstatement is not automatically granted.
- I am responsible for all charges to my account; being denied Federal aid or being granted reinstatement does not waive my responsibility to pay any charge or balance I owe to Athens State University.
- I certify that I have included all requirements and all information provided is true, accurate and correct.
- I authorize the Office of Student Financial Aid to review my current plan of study to determine all future credits are applicable toward my current degree.
- If my appeal is approved, I agree to follow the guidelines of my probation as dictated by the Office of Student Financial Aid.

Signature: _____ Date: _____

Return this form with documentation to: Office of Student Financial Aid,
Athens State University, 300 N. Beaty Street, Athens, AL 35611
Email: finaid@athens.edu Fax: 256-233-8178