



# 2022 -23 Financial Aid Appeal for Satisfactory Academic Progress

Name: \_\_\_\_\_ Banner ID #: 900 \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ scsu.edu

Which term will you be attending next? (check one) \_\_\_\_\_ Fall \_\_\_\_\_ Spring

Current major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

The information provided on this form, in my typed statement and all accompanying documentation, is accurate and complete to the best of my knowledge. I agree to provide additional documentation if requested by the Office of Financial Aid.

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

## Financial Aid Appeal Policy

Students have the right to appeal suspension of financial aid eligibility due to unsatisfactory academic progress. Federal regulations require a student to demonstrate documentable extenuating circumstances, which contributed towards the student’s lack of academic performance (i.e., illness, death or extended illness of immediate family member), in order for an appeal to be considered. In those cases where these circumstances can be documented, the student may have their eligibility reinstated based on a determined plan of study.

### Priority Dates for Appeals

Appeals are the responsibility of the student and must be submitted to the Office of Financial Aid by **May 31<sup>st</sup> or June 15<sup>th</sup> for the Fall term; October 31<sup>st</sup> or November 15<sup>th</sup> for the Spring term.** SCSU does not grant appeals for summer school.

**If a decision has not been made on your appeal by the time payment is due, you will need to make payment arrangements with the Office of Accounts Receivable. Additionally, appeals submitted after the deadlines will be reviewed within 30 days of receipt date.**

## Required Documentation

### GPA / Completion Rate Appeal / Maximum Time Frame Appeal

1. Financial Aid **Appeal Form**.
2. Typed **letter** (no longer than one page) from student explaining the circumstance for the suspension, how he/she plans to resolve these circumstances, and why he/she feels aid should be reinstated. Please make sure to include your student ID number.
3. Independent third-party **documentation** to support the reasons stated in the appeal letter. Examples of documentation may include: medical documentation, note from physician, copy of new work schedule, copy of death certificate, etc.
4. Submit an **unofficial** copy of **academic transcript** from student’s Bulldog Connection account.
5. **Plan of study** entered in Degree Audit by the student’s academic advisor. An appointment is required to meet with an advisor in order to complete the plan of study. The plan of study must list ALL the courses needed to raise the student’s GPA and/or Completion Ratio to the required level.

**\*\*For Maximum Time Frame appeals, the plan of study must list ALL of the courses needed to complete your degree program. \*\***



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### Examples of Appropriate Cause and Suggested Documentation:

Financial Aid Appeals submitted for review must include all necessary documentation to support the existence of extenuating circumstances described and evidence that the circumstances have been resolved or are being managed. Extenuating circumstances and the suggested documentation that may merit an approved appeal include, but are not limited to, the following:

EXTENUATING CIRCUMSTANCES	SUGGESTED DOCUMENTATION
Medical / Psychological Circumstances	<ul style="list-style-type: none"> <li>Statement from physician or therapist on letterhead including dates of service and whether or not the student is stable and ready to return to the University</li> </ul>
Personal / Family Emergency	<ul style="list-style-type: none"> <li>Medical documentation or statement from physician on letterhead including dates of service</li> <li>Notarized statement from parent or family member</li> </ul>
Death of a Family Member	<ul style="list-style-type: none"> <li>Copy of an obituary, funeral program, or certified death certificate</li> <li>Statement of the relationship between the student and the deceased to accompany the obituary or funeral program</li> </ul>
Domestic Violence / Sexual Assault	<ul style="list-style-type: none"> <li>Copy of police report or court / legal documents</li> <li>Statement from physician or therapist on letterhead including dates of service and whether or not the student is stable and ready to return to the University</li> </ul>
Serious Car Accident	<ul style="list-style-type: none"> <li>Copy of police report</li> <li>Medical documentation or statement from physician on letterhead including dates of service</li> <li>Documentation from repair company including seriousness of accident</li> </ul>
Changes in Employment / Unexpected Financial Difficulty	<ul style="list-style-type: none"> <li>Statement from Employer indicating employment change / termination</li> <li>Financial / Bank Statements</li> </ul>
Military Service / Deployment	<ul style="list-style-type: none"> <li>Military orders showing dates of deployment, training, or service</li> </ul>
OTHER CIRCUMSTANCES	SUGGESTED DOCUMENTATION
Reinstatement / Made Up Deficit Hours	<ul style="list-style-type: none"> <li>Official academic transcript review and posting of transfer hours by the SCSU Registrar's Office</li> </ul>
Unusual Enrollment History	<ul style="list-style-type: none"> <li>Documentation of academic or personal reasons which may explain the failure to earn credits</li> </ul>



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## Plan of Study

Student Name: \_\_\_\_\_ Banner 900 #: \_\_\_\_\_

**\*\*\*\* PLAN OF STUDY MUST BE SIGNED BY THE STUDENT'S ACADEMIC ADVISOR \*\*\*\***

The plan of study should include:

1. If **completion rate** is below 67%: Please list **ALL** the courses the student will need to take in order to raise their completion rate to the required level.
2. If **GPA** is below the required level: Please list **ALL** the courses the student will need to take in order to raise their GPA to the required level in one term.
3. If on **Maximum Time Frame**: Please list **EVERY** class the student needs to take to complete their degree.

Semester _____, 20 _____			
CRS (e.g., ENG 100)	Description (e.g., Intro to English)	Credits	Advisor Initials

Semester _____, 20 _____			
CRS (e.g., ENG 100)	Description (e.g., Intro to English)	Credits	Advisor Initials

Semester _____, 20 _____			
CRS (e.g., ENG 100)	Description (e.g., Intro to English)	Credits	Advisor Initials

Semester _____, 20 _____			
CRS (e.g., ENG 100)	Description (e.g., Intro to English)	Credits	Advisor Initials

Semester _____, 20 _____			
CRS (e.g., ENG 100)	Description (e.g., Intro to English)	Credits	Advisor Initials

Semester _____, 20 _____			
CRS (e.g., ENG 100)	Description (e.g., Intro to English)	Credits	Advisor Initials

**Academic Advisor Certification:** The courses listed above are requirements for the student's degree.

**Expected Graduation Date:** \_\_\_\_\_ **Advisor's Printed Name:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_