

SATISFACTORY ACADEMIC PROGRESS FINANCIAL AID APPEAL FORM

Student's Last Name

First Name

M.I.

MU ID#

A student who does not meet Satisfactory Academic Progress (SAP) standards is ineligible to receive financial aid. To appeal financial aid suspension, the student must submit this form along with required documentation detailing extenuating circumstances that contributed to your inability to meet the academic progress standards. Students are expected to submit a personal statement which demonstrates an understanding of the SAP measure(s) not met and what changed that will allow the student to be successful at the next SAP evaluation period. Submitting an appeal does not guarantee approval.

The appeal should include:

- Satisfactory Academic Progress Financial Aid Appeal Form
- Student's personal statement
- Documentation which supports the appeal

Check the applicable circumstance that contributed to your inability to meet the progress standards.

_____ **Serious illness or accident involving the student:** Provide documentation which substantiates the illness/medical issue, i.e. medical documentation, letter from physician, etc. and also the current status of this medical issue.

_____ **Death, accident or serious illness in the immediate family:** Provide documentation such as an obituary notice; include the name/relationship to you.

_____ **Other extenuating circumstances:** Provide a personal statement which includes information about the exact nature and timing of your circumstance. Also include an explanation of how you have been able to overcome this circumstance to achieve progress standards in future terms.

Please read and sign the following statement:

I certify that the information provided on this form and accompanying documentation is accurate and that falsifying information will result in an automatic denial. I agree to submit additional information as requested by the committee. I understand that if my appeal is granted, I will be placed on an academic plan and must meet the conditions of the academic plan to remain eligible for financial aid.

Student's Signature _____ Date: _____

Appeals must be **submitted by August 1** prior to the academic year in which the student is requesting reinstatement. Submit a complete and signed appeal form along with the required supporting documentation to *Student Financial Services*. **Incomplete appeals will be denied.**

Student Financial Services
604 East College Avenue
North Manchester, IN 46962
T: 260-982-5066
F: 260-982-5121
E: sfs@manchester.edu

Student Financial Services Use Only

_____ Approved _____ Denied _____ Approved Conditionally

Reviewed by: _____ Date: _____