

Satisfactory Academic Progress - Appeal Form

According to Indiana University South Bend's Satisfactory Academic Progress Policy (SAP), you have lost your eligibility for future federal and state financial aid. You can use this form to request an appeal of this suspension only if there were **extenuating circumstances** which resulted in the suspension. **Examples of extenuating circumstances could include a learning disability, an injury, medical or psychological condition, or a life-threatening illness or death of a parent, sibling, spouse, or child.**

SECTION A: Student Information - PRINTED

Student Name: _____ Student ID Number: _____

Street: _____ City/State/Zip: _____

SECTION B: All students must complete this section

Session(s) for which you want your aid restored?

Circle one: Fall Only Spring Only Fall and Spring Spring and Summer Summer Only

Academic degree objective: _____ Anticipated graduation date: _____ GPA: _____

General Appeal Information:

- ❖ All explanations must be typewritten and attached to this form.
- ❖ Carefully and thoroughly complete all sections of this appeal form.
- ❖ All appeals must be received no later than 12:00 noon on the Monday prior to the monthly appeals meeting.
- ❖ Complete appeals are reviewed monthly according to the schedule posted in the financial aid office.
- ❖ You will be contacted in writing regarding the decision made. Appeal decisions are **not** provided over the phone or in person.
- ❖ ALL DECISIONS made by the appeal committee ARE FINAL.
- ❖ **Incomplete forms or forms submitted without supporting documentation will be automatically denied.**
- ❖ If a decision is made on an appeal including incomplete information, the decision made on the original appeal documentation will stand. The committee reserves the right to defer a decision until additional documentation is submitted, if requested.

SECTION C: Explanation of Appeal

- ❖ In a typewritten statement, explain in detail the circumstances that have affected your ability to maintain SAP.
- ❖ Include in your statement an explanation of the specific circumstances that led to SAP aid suspension.
- ❖ Include in your statement the specific steps, plans or behavior modifications you have put in place to assure successful academic progress. Attach documentation from a counselor, advisor, or other qualified professional as necessary.
- ❖ Sign the Student Statement on the back of this page.
- ❖ Meet with your academic advisor and have him/her complete the advisor section of the appeal (required).
- ❖ **Supporting documentation is REQUIRED at the time of submission.**
 - If you experienced a learning disability, you must submit documentation and a medical statement from the healthcare provider. You must also provide written documentation from the Director of Disabled Student Services at IU South Bend verifying that s/he is aware of your disability and that you have made arrangements for assistance from that office. The healthcare provider must verify your medical condition and provide a statement that he/she medically supports your decision to continue your academic pursuits.
 - If you experienced an injury, medical, or psychological condition that made satisfactory completion of your course work impossible, you must submit documentation and a medical statement from the healthcare provider. The healthcare provider must verify your medical condition and provide a statement that he/she medically supports your decision to continue your academic pursuits.
 - If you experienced a life-threatening illness or death of a parent, sibling, spouse, or child that made satisfactory completion of your course work impossible, you must submit a medical statement from the attending physician or a death certificate.

Additional requirements on next page >>>>

<i>To Be Completed By Student's Academic Advisor</i>		REQUIRED	
As the student's academic advisor, were you aware of this student's situation as it occurred?			
		YES	NO
Additional Comments (attach additional pages if needed):			
Academic Advisor Signature		Date	Phone #
Printed Name of Advisor		Title	Department

<i>To Be Completed By the Student</i>		
I certify that all of the information I have provided on this appeal form and all supporting documentation is true and accurate to the best of my knowledge. I understand IU South Bend's SAP policy and I fully intend to comply, knowing that failure to do so could result in my losing any future eligibility for financial aid. I also understand that I will be contacted in writing once my appeal has been reviewed and that all decisions are final.		
Student Signature	Date	University ID Number

<i>For Office of Financial Aid Use ONLY</i>		
APPROVED	DENIED	PENDED
Date Reviewed:	Reviewers:	
Additional Comments:		