SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

You are no longer eligible to receive further financial aid because you are not meeting Satisfactory Academic Progress as defined by the Department of Education. You have the right to appeal your ineligibility on the basis that you were not successful because of extraordinary circumstances, including (but not limited to): serious illness or injury to student, death or serious illness of an immediate family member or close friend, significant trauma in student's life that impaired the student's emotional and/or physical health, short term hardship, change of academic major (for completion time extension) or other significant extraordinary circumstance. Your appeal must include the items listed below. Students that have successful appeals but cannot meet SAP standards in one semester may be put on an academic plan. An academic plan is designed to enable a student to be successful while regaining eligibility over several semesters.

PETITION TO APPEAL FINANCIAL AID INELIGIBILITY

My situation involves extraordinary circumstances. I am appealing my ineligibility of receiving financial aid. I have attached the following documentation:

1. A letter explaining:
   - Why I was unable to maintain SAP standards,
   - The changes I have made, and
   - How I plan to be successful in the future (including how I am or will be able to overcome the circumstance of why I was unable to meet SAP standards)

2. 2 pieces of documentation to support my circumstance (required). For example:
   - Medical documentation
   - Copy of death certificate or obituary
   - Letters from 3rd party (therapists, staff from Walter Young Center, academic advisor, Student Success Advisor, etc.). Documentation from 3rd party should include specific knowledge of your situation to support your circumstance.

☐ I understand that Financial Aid will not accept a SAP appeal that is incomplete or lacks documentation. I am, therefore, submitting my complete SAP appeal and requesting that my eligibility for financial aid be reinstated.

Student Signature: ___________________________        ID#: __________________
Student Printed Name: ___________________________      Date: ____________________
Student E-mail address: ___________________________      Phone #: __________________

*Appeal must be sent to the Financial Aid Office (100 N. East Avenue, Waukesha, WI 53186 OR Fax: 262-951-3037)

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For Financial Aid Office Use Only

Action taken: Approved ____    Denied _____
Signature of Financial Aid Representative ________________________
Date ________________________

Comments: