



## **Satisfactory Academic Progress (SAP) Appeal Form For Financial Aid Recipients**

Eligibility for financial aid is based on maintaining Satisfactory Academic Progress (SAP). Please complete ALL steps outlined on this form to appeal your financial aid eligibility. Failure to submit documentation and follow instructions will result in a delay in the decision of your appeal. Once a decision has been reached on your appeal, you will be notified by the Student Financial Services Office via UB email account.

### **Step 1: Student Information**

**Full Name (Print):** \_\_\_\_\_ **UB Student ID:** \_\_\_\_\_

### **Step 2: Reason for Financial Aid Suspension (Please check ALL that apply)**

I am completing an appeal by answering all of the questions on this form in detail, and I am including supporting documentation for reinstatement of financial aid. I would like to appeal my financial aid suspension because:

- \_\_\_\_\_ 1. I currently have a cumulative grade point average (GPA) below the minimum requirements
- \_\_\_\_\_ 2. I currently have a cumulative completion rate below the minimum requirements
- \_\_\_\_\_ 3. I have exceeded the time frame for my academic program or exceeded the credit hours to complete my program degree

### **Step 3: Appeal Information**

Financial aid ineligibility can be appealed if you have suffered undue hardship. In order for an appeal to be considered, your circumstances must meet at least one of the following criteria described below. Please indicate below which situation(s) best applies to the academic difficulty you experienced. In addition, ALL appeals must be submitted with supporting documentation. Examples of acceptable documentation are listed in the following chart. The documentation should be attached to the appeal at the time the appeal form is submitted.

<b><u>Check the circumstances that apply</u></b>	<b><u>Required Documentation (must include dates)</u></b>
1. Severe illness, medical condition or injury	<ul style="list-style-type: none"> <li>➤ Signed and dated letter from the physician on office letterhead verifying medical problems experienced and treatment received</li> <li>➤ Legible copy of accident report</li> </ul>
2. Death of a family member	<ul style="list-style-type: none"> <li>➤ Death certificate &amp;/or dated obituary from newspaper</li> </ul>
3. Traumatic life-altering event such as fire, hurricane, etc.	<ul style="list-style-type: none"> <li>➤ Appropriate documentation which will verify the situation</li> </ul>
4. Other circumstances (please clearly state the circumstances if not listed above)	<ul style="list-style-type: none"> <li>➤ Appropriate documentation which will verify the situation</li> <li>➤ A written statement clearly stating the circumstances</li> </ul>



**You must complete the question below on a separate sheet of paper. Be sure to respond to all questions. Please attach additional pages if necessary.**

Explain the circumstances that prevented you from maintaining satisfactory academic progress and the reasons for the basis of the appeal. You need to state: (1) What the problem was; (2) When did the problem occur; (3) How long did the problem last; (4) How did this affect your ability to complete your coursework; (5) The steps taken to ensure that the minimum standards will be met at the next evaluation

\*\*\*Be as detailed as possible in the letter that you will submit to the Financial Aid Appeals Committee

**Step 4: Academic Agreement Plan**

In order for the appeal to be considered, students must meet with a financial aid counselor to:

1. Ensure he or she is able to mathematically meet the University of Bridgeport academic standards at the end of the term of enrollment
2. Discuss and complete an academic agreement plan that will enable students to meet SAP at the end of the subsequent semester.

**Deadline**

To ensure that an appeal is reviewed, students must submit their appeal in a timely manner. Appeals will not be considered for a semester that has already ended. It is the responsibility of the student to pay all outstanding balances on his or her account while waiting for an appeal decision. Regardless of the appeal decision, students are responsible for any late fees and charges.

**Certification of Information:**

- I certify that the information I have provided is true and complete to the best of my knowledge. I realize that giving misleading information or forged documentation will result in my being reported to the Student Conduct Administrator (SCA)/Student Conduct Board (SCB) for appropriate disciplinary action.
- I realize that additional information may be requested by the Appeals Committee to further support my appeal. If additional information is needed, I understand that I will be notified through my UB email account. Therefore, it is my responsibility to check my UB email frequently during this period.
- I certify that I understand the academic requirements/academic agreement plan recommended by the financial aid counselor. If I fail to meet the requirements outlined in this plan, my future eligibility for financial aid will be suspended.

Student's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use Only**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Decision Date: \_\_\_\_\_

**Comments:**