

# XAVIER UNIVERSITY OF LOUISIANA

## Satisfactory Academic Progress (SAP) Appeal Form

In order to appeal the denial of Financial Aid due to failure to maintain Satisfactory Academic Progress, you must **complete** this form and **attach the required documentation**. Forms lacking appropriate documentation will be regarded as incomplete.

*Please read and complete this application carefully.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Please indicate the semester for which the appeal is to be considered.**

\_\_\_\_\_ Fall 20\_\_\_\_\_

\_\_\_\_\_ Spring 20\_\_\_\_\_

**Complete the following information regarding your degree.**

Major: \_\_\_\_\_

Hours needed to complete degree: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

**Have you had a previous appeal?**

\_\_\_\_\_ No \_\_\_\_\_ Yes (Indicate the semester of the previous appeal \_\_\_\_\_)

### ***Types of Appeals***

Please check the appropriate category (More than 1 category may apply)

\_\_\_\_\_ **GPA** - If this appeal is based upon your cumulative grade point average, **you must address** the issue of completing courses with a GPA lower than 2.0 for Undergraduates or 3.0 for Graduates.

\_\_\_\_\_ **Ratio** - If the ratio of hours attempted to hours passed is less than required (see the University Catalog or view the Financial Aid webpage), **you must address** enrolling in courses and receiving a Withdrawal/s (Ws) or an Incompletes (Is) which have negatively affected your completion ratio.

\_\_\_\_\_ **Time frame** - If your appeal is based on exceeding the specified total of attempted credit hours for the completion of your degree plan, **you must address** the need to enroll in a greater number of credit hours than is normally associated with the completion of the degree requirements. Please indicate if you have changed majors recently.

***Reason for Appeal***

Please indicate which mitigating situation best applies to the reason you have experienced academic difficulty. Then, on the next page, **you must provide** a detailed explanation of the factors contributing to your lack of academic progress. Also, please describe the steps taken to prevent future unsatisfactory academic progress.

\_\_\_\_\_ **Medical:** If a medical problem contributed to the failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.

\_\_\_\_\_ **Death/Illness:** If the death/illness of a family member or close friend contributed to the lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary, etc.

\_\_\_\_\_ **Change of Major:** If a change of major has contributed to the lack of academic progress, please attach a copy of the change of major form/s that you submitted to the Registrar's Office.

\_\_\_\_\_ **Other Circumstances:** Please clearly state the circumstance (not listed above) and provide appropriate documentation. \_\_\_\_\_

**\*All mitigating circumstances must be documented**

***Explanation of the factors contributing to your lack of academic progress:***

**You must provide the Committee with a written explanation below regarding the reasons that you are failing to meet satisfactory academic progress requirements.** If additional space is needed, please feel free to attach an additional page.

*Please describe the steps that you have taken to correct the problems that have prevented you from making satisfactory academic progress.*

I have read the Xavier University of Louisiana Satisfactory Academic Progress Policy. I am submitting a complete SAP Appeal Form. **I understand that the Financial Aid Appeal Committee will not review a SAP Appeal Form that is incomplete or lacks appropriate documentation.** I also understand that I will be notified by mail of the Committee's decision.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

For Office Use Only

\_\_\_\_\_ Incomplete Appeal Form \_\_\_\_\_ Complete Appeal Form

Appeal Committee's Decision

\_\_\_\_\_ Waiver Denied

\_\_\_\_\_ Waiver Approved

\_\_\_\_\_ Waiver Approved With Stipulation/s

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Committee Chair's Signature

Date \_\_\_\_\_

Financial Aid Director's Signature

Date \_\_\_\_\_

