

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.

Completed forms should be mailed to the Director of Academic Support Programs.

Please read and complete this application carefully.

Last Name: _____ First Name: _____

Address: _____

Telephone: _____

Social Security 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 academic difficulty you have experienced. 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.

ALL STUDENTS MUST SUBMIT A CURRENT ACADEMIC HISTORY WITH THIS APPEAL. (Your Academic History can be printed from Banner Web)

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

Committee Chair's Signature

Date _____

Financial Aid Director's Signature

Date _____