2016-2017 Satisfactory Academic Progress Appeal

Student Name: ____________________________________________  Student ID: __________________

You have been placed on suspension because you have failed to meet the standards for Satisfactory Academic Progress (SAP). Please view our SAP Policy online at http://www.ipfw.edu/offices/financial-aid/policy-procedures/academic-progress.html.

If circumstances beyond your control prevented you from meeting SAP standards, you can file this appeal to have your financial aid reinstated on a probationary basis. Approval is not guaranteed. If this appeal is denied, you will be responsible for any outstanding balance that you have with the university and you will not receive any federal or state financial aid until you repair your record.

How do I do this?
Provide a typed personal statement. Also, meet with your academic advisor and have them complete their portion of this form. Attach your statement and supporting documentation to this completed form and return to our office by fax, mail, or in person. Be aware, any incomplete submissions will be denied.

What should I include in my TYPED personal statement?
Please explain and document the extenuating circumstance that prevented you from meeting SAP standards. Be sure to address how your circumstances have changed and what action you will take that will enable you to meet SAP standards going forward. If you have exceeded the maximum number of credits required to obtain your degree (150% rule), please explain why.

By signing this application I certify that all information provided is true, and correct. Further I am authorizing the IPFW Financial Aid office to use any and all educational records in review of this appeal. I understand that Federal laws regulating financial aid state that if I provide false or misleading information, I may be fined up to $20,000, sent to prison, or both.

Student Signature: ____________________________________________  Date Signed: __________________

Academic Advisor Questions: (to be filled out by your academic advisor)

Advisor Name: ____________________________________________  Department: __________________

This student in seeking a(n) □ Certificate  □ Associate Degree  □ Bachelor Degree  □ Graduate Degree

Number of credit hours required for degree: ____________________________________________
Number of credit hours student needs to complete degree: ____________________________________________
Number of credit hours student has agreed to take next semester: ____________________________________________
Anticipated graduation date: ____________________________________________

Have you reviewed the academic transcript with the student? □ Yes  □ No
Has the student agreed to meet with you every semester? □ Yes  □ No
Is this student able to complete their classes going forward? □ Yes  □ No

With my signature I certify that I have met with the student named above. We have discussed and recorded an academic plan that should resolve the academic problem and create a path to graduation. This plan is on file within my academic unit and is available for review by the student or by the financial aid office.

Advisor Signature: ____________________________________________  Date Signed: __________________