Satisfactory Academic Progress Appeal Form

Graduate and ADP Students

Complete if you have received a notification from the Financial Aid Office indicating that your aid will be revoked for your next semester of attendance and you wish to appeal this determination. Please note, if you have received a letter of suspension from the Academic Affairs office, the suspension must be cleared before your financial aid appeal will be addressed.

NAME: ___________________________________________ ID#: ___________________________________________
PHONE: ___________________________________________

DATE: _________________________ APPEAL TO RECEIVE FINANCIAL AID FOR - Semester: ____________________ Year: __________

Step 1 - Write your Appeal Letter:
(Elements to use in Appeal Letter, Please attach letter to this form and return to Financial Aid)

Write a detailed letter describing the extenuating circumstances that prevented you from meeting the Satisfactory Academic Progress (SAP) standards and how the situation has been resolved. Please limit the length of your letter to two pages.

- Explain how these circumstances affected your academic progress.
- Include dates or a timeline of any specific events.
- Describe how the situation has been resolved.
- Describe your academic goals/plans and any specific strategies for success. (Examples: tutoring, taking fewer credits, meeting regularly with advisor/professor)
- If this is not your first SAP appeal, explain what is different about this appeal.
- Sign and Date letter

Examples: Hospitalization or medical condition, unexpected death or major hospitalization of an immediate family member, house fire, victim of a violent crime. While employment is not considered an extenuating circumstance, work issues beyond your control may be considered on a case-by-case basis.

Additional Steps if needed

For Financial Aid Office use only:

Step 2- Financial Aid Counselor Will Review Appeal Letter

For Financial Aid Office use only:

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Step 3 - If Approved, Student will be contacted by Counselor regarding Academic Plan

For Financial Aid Office use only:

Office use only: Date Received: __________ Reviewed by: __________ Approved/Denied? __________

Return to: Financial Aid Office | 414 N. Meridian #6068, Newberg, OR 97132 | FAX 503-554-3110 | finaid@georgefox.edu | Upload at fa.georgefox.edu