# *Office of Financial Aid & Scholarships*
# *Satisfactory Academic Progress*
# *Appeal Form*

## ▶ Step 1 - Student Information

| Student name (Last name, First name) | |
|---|---|
| A-State ID number | Cell phone number |

This form provides the opportunity to appeal for reinstatement of your federal student aid eligibility. This form should only be completed if you have encountered extenuating circumstances that prohibited you from meeting satisfactory academic progress.

I am applying for a reinstatement of eligibility for:

____Fall ____Spring ____Summer

## ▶ Step 2 - Documentation

The following documentation is **REQUIRED**:

- ✔ A **typed** letter regarding your appeal (include reason why you did not make Satisfactory Academic Progress and your plan to make progress in the future).
- ✔ Supporting documentation (i.e., Medical documents, copy of obituary, etc.).
- ✔ For undergraduate students with at least 90 attempted hours, an **Official Degree Completion Plan** signed by the student and academic advisor.

Please include details of your intentions to return to A-State, state your academic major and goals, and describe your career objective as related to your major.

| Circumstance Example | Documentation Example |
|---|---|
| Death of a family member or significant person in the student's life. | Provide a copy of an obituary or death certificate. |
| Illness, accident, or injury of the student or a significant person in the student's life. | Provide documentation (e.g., a physician's statement, police report or documentation from a 3rd party professional, such as a hospital billing statement) related to the individual for whom the student provided care or support. |
| The student's own divorce or separation or the divorce or separation of the student's parent(s). | Provide an attorney's letter on law firm's letterhead, petition for dissolution, or copy of divorce decree. |
| Personal problems other than the student's own mental or physical illness or injury or disablity, issues with the student's spouse, family, roommate, or other significant person in the student's life. | Provide a written statement from an attorney, professional advisor or other individual describing circumstances. |
| Natural Disasters | Provide a written statement and/or supporting document(s) |

## ▶ Step 3 - Submit your information

**Mail**
Office of Financial Aid
& Scholarships
SAP Appeal Committee
PO Box 1620

**In Person**
Office of Financial Aid
& Scholarships
Carl R. Reng Student Union, Room
2078.

**Email**
finaid@astate.edu
SUBJECT: SAP Appeals

**Fax**
870-972-2794
ATTN: SAP Appeals

## ▶ Step 4 - Decisions

The committee will review appeals during regular scheduled meetings before each semester. The committee will notify you of its decision through your A-State e-mail address. Results of the committee meeting will not be given out over the phone.

- All appeals will be reviewed before each semester begins.
- Dates for the committee meeting will be posted on the Financial Aid & Scholarships website (http://www.astate.edu/finaid).
- Appeals received after the published deadline will be reviewed for the following semester. Under no circumstance will an appeal be heard after a semester begins.
- All appeals must be reviewed and cleared prior to the disbursement of financial aid.

**Note: Incomplete appeals will not be reviewed.**

**X** _____ _____

**Student Signature** **Date**