



## Satisfactory Academic Progress (SAP) Appeal Form

Full Name:	Student ID Number:	Date:	
Address:	Phone Number:	Email:	
Type of Appeal: <input type="checkbox"/> Loss of Financial Aid <input type="checkbox"/> Academic Suspension			
Indicate the Academic Year:			
Add a checkmark next to the academic term for which you are requesting the appeal. <input type="checkbox"/> Fall Term <input type="checkbox"/> Spring Term <input type="checkbox"/> Summer Term			
Add a checkmark next to the circumstance(s) that prevented achieving satisfactory academic progress. <b>Note:</b> Students must submit documents to establish the merits of the appeal.			
<input type="checkbox"/> Death of a relative			
<input type="checkbox"/> Illness or injury of the student			
<input type="checkbox"/> Illness or injury of an immediate family member or significant other			
<input type="checkbox"/> Job Loss			
<input type="checkbox"/> Natural Disaster			
<input type="checkbox"/> Maximum Time-Frame			
Explain how the above marked circumstance(s) affected your academic progress: Please see attached statement of in-depth reason for academic failure. _____ _____ _____			
Explain what adjustment you can make to continue successfully with your study: Please refer back to attachment for in depth statement. _____ _____			
Date: / /		Student's signature:	
<b>Committee Use Only</b>			
General average of the study program:		Approval percentage (credits approval/ credits attempted):	
Did the student present evidence of the reasons that impeded satisfactory academic progress? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did the student provide change in circumstance(s) that will facilitate satisfactory academic progress moving forward? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Appeal granted	Date: ____/____/____	<input type="checkbox"/> Appeal denied	Date: ____/____/____
<input type="checkbox"/> With financial aid			
<input type="checkbox"/> without financial aid			
<b>Committee Signatures</b>			
Dean of Academic Affairs		Date:	
Director of Financial Aid		Date:	
Registrar Department		Date:	
Dean of Student Affairs		Date:	
Original Registrar   Student Copy   Financial Aid Copy   Dean of Student Affairs Copy   Program Director Copy			

## Satisfactory Academic Progress (SAP) Appeal Instructions

Federal regulations require that schools monitor the academic progress of each applicant for federal financial assistance and that the school certify that the applicant is making satisfactory academic progress toward earning his/her degree. Students who are not meeting the published standards will not be eligible to receive aid from any federal or state aid program. Read the SAP standards here: [http://www.albizu.edu/Portals/0/Documents/cau/mia/mia\\_catalog.pdf](http://www.albizu.edu/Portals/0/Documents/cau/mia/mia_catalog.pdf)

### Submitting an Appeal

Students have the right to appeal any decision of ineligibility to continue to receive financial assistance. Students are required to file appeal by the published deadline specified in the Academic Calendar. If you wish to appeal, follow the instructions below.

1. Identify the extenuating circumstance (s), which caused the failure to comply with SAP standards. See examples of such unusual circumstances and the appropriate supporting documentation below.

Extenuating Circumstances	Examples of Supporting Documentation
Student's disability, illness, or injury	Disability Services documentation, physician statement, hospital billing statement, police report
Death of a family member or significant individual in the student's life	Obituary or death certificate
Illness or injury of a family member or significant individual in the student's life	Physician statement, hospital billing statement, police report
Student's divorce or separation	Provide an attorney's letter on law firm's letterhead, petition for dissolution, or copy of divorce decree
Natural disasters	Provide a written statement and/or supporting document(s) referring to weather advisories
Job Loss	Termination letter, Federal-State Unemployment Insurance Program determination or appeals letters

2. Ensure the appeal includes the following required documents:

- ( ) Signed Appeal Form Signed (See page 2)
- ( ) Signed and dated personal statement of explanation
- ( ) Relevant supporting documents substantiating extenuating circumstances
- ( ) Academic Plan of Action (obtained from the Academic Advisor)

Important note: Albizu University will not accept or review a SAP Appeal without the aforementioned required documents.

3. Submit your appeal to [lmartinez@albizu.edu](mailto:lmartinez@albizu.edu) by the published deadline specified in the Academic Calendar.

### Committee Review

Allow the SAP Appeals Committee 15 working days to review the student submission. Students will receive a notification in their Albizu University student email account. SAP Appeal decisions are non-appealable. To complete an appeal, complete the form on the reverse side of this document.