

Financial Aid Satisfactory Academic Progress (SAP) Appeal Form

Name _____ Student ID Number @ _____

Home Address _____

Phone # (_____) _____ IUP E-Mail _____

Academic Grade Level: _____ Undergraduate Student _____ Graduate Student

Term of Appeal (the term in which you are requesting financial aid):

_____ **SUMMER** _____ **FALL** _____ **SPRING** _____ **20** _____ **Year**
Deadline: July 15 November 15 April 15

SAP issue (please check): _____ **GPA** _____ **Pace (67% Passing)** _____ **150% Credits attempted**

You must have a valid reason for appeal and be able to support your reason. You must complete the 3 items below before your appeal can be reviewed. The reason for appeal must be situations beyond your control. You may review the Satisfactory Academic Policy on the Financial Aid website at www.iup.edu/financialaid.

_____ 1. Reason for appeal (**please check what applies**):

_____ **Student Injury or Illness**

_____ **Illness or Injury of an immediate family member**

_____ **Death of an immediate family member**

_____ **Other special circumstance (beyond your control)**

_____ **Covid-19** related (beyond your control)

_____ 2. A **SIGNED** Personal Statement. This is a statement from you explaining the nature of your situation that caused you not to perform well academically. You **MUST** also include **what has changed** to now allow you to make academic progress.

Your personal statement should focus on the **previous** academic semester(s) in which you did not do well academically. Be specific and concise in your explanation, especially with the time frame situations occurred. Make sure you **signed** your statement (electronic signatures not accepted).

_____ 3. All appeals **MUST** include 3rd Party Documentation that supports your reason in your statement.
Injury/illness – signed statement from doctor, therapist, counselor, etc. on their letterhead. Do NOT submit medical paperwork
Death – copy of prayer card or obituary from the paper or funeral home
Other – dependent on your reason. The supporting documentation cannot be from a family member or friend.
Covid-19 - dependent on "how" you were affected by this determines what you may need to provide, if anything. Provide what you think is helpful.

Please note that our office staff are "**Responsible Employees**" and are *required to immediately report actual or suspected sexual discrimination or sexual misconduct to the Title IX coordinator*. We are also "**Mandated Reporters**" and *must report suspected child abuse and child neglect consistent with the university's Protection of Minors Policy*.

Certification Statement

I certify that I have read all the enclosed information and understand the following:

- Incomplete information will result in the additional request of required information and will cause a delay in the review of my appeal.
- I understand that I may be required to complete a **Financial Aid Satisfactory Academic Progress Plan** prior to a final determination.
- I realize that my federal financial aid will be **suspended immediately**, if at the end of the next term in which I enroll (summer, fall, or spring):
 - I do not have a **cumulative GPA of at least 2.0 (UG) or 3.0 (GR)**.
 - I am not **passing 67%** of my **cumulative** attempted credits.
 - I have exceeded the **150% maximum** time frame for degree completion.

OR

- I am **not adhering** to my Financial Aid Satisfactory Academic Progress Plan/Appeal.
- I understand that **withdrawing** from a course will also **impact** my financial aid status.
- The results of my appeal will be available in the “Finances” section of MyIUP under “Financial Aid Requirements”.
- The **overall/final decision** of the appeal will be determined by the Financial Aid Appeals Committee and the decision will be final.
- The submission of an appeal **does not guarantee** the reinstatement of financial aid.

I certify that the information provided is true and correct. I agree, if requested, to provide additional documentation to support the information submitted with this request.

Student Signature
(hand-signed)

Date

Submit the following to the address to the right:

- (1) *signed completed* appeal form
- (2) *signed* personal statement
- (3) supporting documentation

Financial Aid Office
Indiana University of Pennsylvania
200 Clark Hall, 1090 South Drive
Indiana, PA 15705-1093
724-357-2218 (office)
724-357-2094 (fax)
financial-aid@iup.edu

KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Processing can take up to **3 weeks** after all required documentation is received.

Deadlines:

Summer-**July 15**

Fall-**November 15**

Spring-**April 15**