

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM
Indiana University of Pennsylvania

Name _____ Student ID Number @ _____

Home Address _____

Phone # (_____) _____ IUP E-Mail _____

Status (please check): _____ 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

Reason for appeal: _____ **GPA** _____ **Pace (67% Passing)** _____ **150% Credits attempted**

Please refer to this chart for what is needed to have a completed appeal.

Check One:	Personal Statement (SIGNED):	3 rd Party Documentation Required:
_____ Student Injury or Illness	Explain the nature of your illness or injury (including dates) in your personal statement and <u>what has changed</u> to now allow you to make progress. <u>Sign your statement.</u>	Attach a statement from the attending physician, therapist or counselor indicating when you were seen and the outcome. This letter must be on office letterhead and signed by the medical professional providing the statement. <i>We will not accept medical records or a prescription pad note.</i>
_____ Death of an immediate family member (Parent, Grandparent, Sibling, Spouse or Child)	State the relationship of the deceased to you in your personal statement and <u>what has changed</u> to now allow you to make progress. <u>Sign your statement.</u>	Attach a copy of the obituary, prayer card or other supporting documentation.
_____ Illness or Injury of an immediate family member (Parent, Grandparent, Sibling, Spouse or Child)	State the relationship of the ill/injured person to you and explain the nature of the illness or injury (including dates) in your personal statement and <u>what has changed</u> to now allow you to make progress. <u>Sign your statement.</u>	Attach a statement from the attending physician, therapist or counselor indicating when the family member was seen and the outcome. This letter must be on office letterhead and signed by the medical professional providing the statement. <i>Please do not send medical records or a prescription pad note. A simple statement from the doctor is requested.</i>
_____ Other special circumstance (beyond your control)	In your personal statement explain the reason you failed to make satisfactory academic progress and <u>what has changed</u> to now allow you to make progress. <u>Sign your statement.</u>	The situation will determine who the professional is that can support your statement. The statement must be signed and on letterhead . This individual cannot be related to you. They must be knowledgeable of your situation and demonstrate that in their statement.

- ❖ Appeals based on your need for financial aid, previously diagnosed learning, mental health or other disability, lack of understanding of the financial aid Satisfactory Academic Progress (SAP) Policy, and not being prepared for college, are generally **NOT** examples of special circumstances for reinstatement of financial aid.
- ❖ Your personal statement should focus on the previous particular academic term and/or courses for which you registered, but did not earn sufficient credits, or earn the sufficient GPA. Be specific and concise in your explanation, especially with the time frame situations occurred. Make sure you **signed** your statement.
- ❖ You may review the Satisfactory Academic Policy on the Financial Aid website at www.iup.edu/financialaid.

Certification Statement

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

- Incomplete information will result in the subsequent 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.
- 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

Return (1) signed completed appeal form, (2) signed personal statement (3) supporting documentation to:

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

IMPORTANT: 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**