

GENESE0

THE STATE UNIVERSITY OF NEW YORK

Satisfactory Academic Progress Appeal Form

Student Name: _____ **GID:** _____

Semester of aid you are asking to have reinstated: SUMMER FALL SPRING

It has been determined that you are out of compliance with Satisfactory Academic Progress (SAP) requirements for federal and/or New York State financial aid. You can appeal your loss of financial aid eligibility if you encountered any of the following extenuating circumstances, prohibiting you from meeting SAP:

Reason for Appeal (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Medical (illness, serious accident, etc.) | <input type="checkbox"/> Death of an immediate family member |
| <input type="checkbox"/> Previously undiagnosed learning disability | <input type="checkbox"/> Other extraordinary circumstance |

Please Submit:

1. This form, completed and signed;
2. On a separate sheet of paper, a *typed* and *signed* appeal request, stating:
 - the **specific circumstances** that prevented you from meeting SUNY Geneseo's SAP requirements;
 - **what has changed** in your situation that will allow you to achieve SAP going forward; and
 - **what supporting documentation** you are including with this appeal.
3. **Supporting Documentation** - include documentation to support your extenuating circumstance as described above. If you cannot include documentation with your appeal, you must explain why supporting documentation is not available.

By signing below, I understand that if my appeal is approved:

- **for federal student aid,**
 - I will be on financial aid probation for one semester AND that I may have to follow an academic plan; and
 - I must be meeting the requirements of SAP at the end of my semester on probation, or be meeting the requirements in my academic plan.
- **for state financial aid,**
 - SAP compliance will be checked after each semester.
- Furthermore, I understand in order to be making SAP I must be meeting the appropriate SAP guidelines outlined on SUNY Geneseo's [SAP website](#).

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand all decisions are final and at the discretion of SUNY Geneseo's SAP Committee.

Student Signature: _____ Date: _____

Mail to: Financial Aid Office, 1 College Circle, Geneseo, NY 14424

