

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: _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.