

NAME: \_\_\_\_\_ PID: \_\_\_\_\_

**Spring 2018 deadline to submit an appeal is Wednesday, February 21<sup>st</sup> 2018**

- ✓ Submitting an SAP appeal does not guarantee that it will be approved, nor does it grant an extension on your billing due date.
- ✓ Failure to complete the SAP Appeal for this semester by the deadline, will result in the loss of Federal Financial aid for this semester, even if an appeal is completed and approved during a subsequent semester.

**CHECKLIST FOR SAP APPEAL**

- **COMPLETE THIS APPEAL FORM —**
  - Write your Personal Appeal Letter explaining your unusual circumstances.
  - Create and Sign off with your advisor on a 4 semester plan.
- **PROVIDE DOCUMENTATION SUPPORTING CIRCUMSTANCE:**
  - Provide documentation that supports what is mentioned in your appeal letter (I.E. doctor's note, medication, ETC.)
- **PROVIDE LETTER(S) OF SUPPORT FROM YOUR ADVISOR OR PROFESSOR(S):**
  - An email from their Purchase Email account sent directly to SFS at [sfs@purchase.edu](mailto:sfs@purchase.edu) is also acceptable.

**1. Check off all Satisfactory Academic Progress Standards you are in violation of:**

- Cumulative GPA Below 2.0
- PACE below 66.7% (Earned Credits \ Attempted credits including failures & withdrawals)

**2. Indicate the Unusual Circumstance(s) that prevented you from meeting the minimum Satisfactory Academic Progress Standards:**

- 3. Explain why you failed to meet the minimum Satisfactory Academic Progress (SAP) requirements for federal financial aid, even after your semester financial aid warning semester:**

- 4. What will you do differently to help you pass your coursework and meet the minimum Satisfactory Academic Progress (SAP) Requirements:**

**ACADEMIC PLAN PROPOSAL**

<b>Major:</b> _____	<b>Expected Graduation Date:</b> _____
<b>2<sup>nd</sup> Major</b> (if applicable): _____	<b>Minor</b> (if applicable): _____
<b>Advisor:</b> _____	

Construct a plan of study for up to four semesters. Beginning with the current semester (or your next planned period of enrollment if not currently enrolled), list the course, and credits. Please be as specific as possible.

- For future semester courses and credits information, please use the most current course information available online through the myHeliotrope Portal. The proposed semester schedule above must be approved by your academic advisor. Another advisor may fill out this form only if they are familiar with your board of study and/or graduation requirements.
- If a student is approved for this appeal but fails to follow their academic plan, Federal Financial aid will be cancelled for all future semesters until the minimum Satisfactory Academic Standards are met.

Semester 1		Semester 2		Semester 3		Semester 4	
Course	Credits	Course	Credits	Course	Credits	Course	Credits
Semester Total:		Semester Total:		Semester Total:		Semester Total:	

**STUDENT'S ENDORSEMENT**

✓ This plan of study has been reviewed and discussed with my advisor. I will follow the plan outlined above and notify the financial aid office of any deviations from this plan.

Signature &amp; Date

**ACADEMIC ADVISOR'S ENDORSEMENT**

✓ This plan of study contains only classes that work towards degree completion and has been reviewed with the student. A copy of this plan will be maintained in the student's financial aid file for future reference.

Signature &amp; Date