

NAME: _____ PID: _____

DEADLINE TO SUBMIT APPEAL

Please indicate for what semester is this appeal is being submitted? _____

SUMMER 2025: Prior to your last day of Summer classes

FALL 2025: Wednesday, October 15th, 2025

SPRING 2026: Sunday, March 15th, 2026

- ✓ 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.
- ✓ Submitting an SAP appeal does not guarantee that it will be approved, nor does it grant an extension on your billing due date.

CHECKLIST FOR SAP APPEAL

Complete this appeal form – You will need to meet with your advisor or head of your department to complete the last page.

Provide letter(s) of support from your advisor or professor(s)-An email from their Purchase Email account sent directly to SFS at financialservices@purchase.edu is also acceptable.

Provide Documentation of Unusual Circumstances- which prevented you from doing well academically. Examples of things that can be considered are:

- Unforeseen medical/dental/mental health issues
- Financial difficulties (loss of income, unemployment, etc.)
- Death of spouse, parent, or family member

You can provide proof by having a professional complete the [SAP appeal supporting Documentation form](#) or providing other documentation (Doctor's note, medication, ETC.)

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)

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

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:

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

ACADEMIC PLAN PROPOSAL

Major: _____ **Expected Graduation Date:** _____

2nd Major

(if applicable): _____

Minor

(if applicable): _____

Advisor: _____

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.

Input the semester and coursework you will take below for at least the next semester:

Semester		Semester		Semester		Semester	
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 & 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 & Date