



## **Division of Student Affairs**

### **Office of Financial Aid Appeal Process**

Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas: Cumulative Grade Point Average (CGPA), 67% completion rate and maximum time frame for financial aid eligibility. It is the student's responsibility to stay informed of the college's SAP standards and to monitor his/her own progress.

A student whose eligibility for financial aid has been terminated may submit an appeal if mitigating circumstances prevented the student from achieving Satisfactory Academic Progress (SAP). Circumstances that may be considered include death in the family, accident, illness, or other academic performance factors that were outside the student's control. If a student feels he/she violated UDC's SAP standards due to one of these or other factors, the student may submit a SAP Appeal form to the Office of Financial Aid.

#### **Appeal Decisions**

Appeal decisions are based on the information presented on the appeal form and the SAP criteria; therefore, it is important that the appeal contain as much supporting information and documentation as possible. Lack of supporting documentation is grounds for denial of the appeal. If the appeal is denied due to lack of documentation, the student may resubmit the appeal with the appropriate documentation within five business days of notification date. Appeal decisions will fall into one of the following categories:

- 1. Pending** – additional information is needed to make a decision
- 2. Denied** – student is not eligible to receive financial aid
- 3. Approved**- student enters into a SAP contract which details the academic performance required in future semesters for continued receipt of financial aid



## Financial Aid Satisfactory Academic Progress Appeal

In some cases, a student's failure to be in compliance with one or more areas of Satisfactory Academic Progress (SAP) is due to events beyond the student's control. If such mitigating circumstances can be documented for the specific semester(s) when the deficiencies occurred, the student may submit this completed SAP Appeal form, along with all required documentation. Submission of the appeal does not guarantee approval. If your appeal is approved and your financial aid is reinstated, it will not be retroactive to any semester where these standards were not met. All decisions of the Financial Aid Appeal Committee are final and not subject to further appeal.

**Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Zip Code

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Please check the term for which you are submitting a SAP Appeal.

- \_\_\_\_ Fall - Submit **All** documents prior to August 1st  
\_\_\_\_ Spring - Submit **All** documents prior to January 4th  
\_\_\_\_ Summer - Submit **All** documents prior to May 15

**Directions:** Please complete items 1, 2, and 3 and submit the request form to UDC Office of Financial Aid, Bldg. 39-Room 101, Washington, DC 20008. Upon receipt of the form you will be notified in writing or by phone within seven business days of the decision.

**1.** On a separate sheet of paper, provide a typed detailed explanation of the circumstances that contributed to your inability to maintain SAP. Please check the category below that led to the SAP violation and why those circumstances are no longer affecting your academic performance. **You must follow the instructions for the category you check.**

\_\_\_\_\_ Serious illness or injury to student or immediate family member (parent, spouse, sibling, child) that required hospitalization, convalescence in an institutional setting, or confinement at home for at least seven days. Attach a statement from the appropriate medical professional on official letterhead and explain the nature and dates of the illness. If confined to bed rest or limited mobility by your physician, please make sure that your physician includes the beginning and ending dates in his/her statement.

\_\_\_\_\_ Death of an immediate family member or person who shared the student's household. Attach a photocopy of the death certificate and/or notice from a newspaper and include the name of the deceased and their relationship to you.

\_\_\_\_\_ Significant trauma in student's life that impaired the student's emotional and/or physical health. Provide a detailed explanation regarding the specific circumstances of your condition. Please be sure to include dates and what you have done to overcome this condition. Supporting documentation from a third party (physician, social worker, psychiatrist, police, etc.) must also be attached. If you have ongoing medical or psychiatric problems, provide a statement regarding your current status and ability to attend school.

**2. Certification from your Department Chair or Academic Advisor/Counselor.** Each student should meet with their academic advisor/counselor or department chair prior to submitting the SAP appeal. In addition to the certification below, the advisor/counselor or department chair may submit a written statement providing the goals and work plans to improve the student's academic performance.

**Signature Dept. Chair/Advisor/Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3. Certification and signature.** I am requesting to have my financial aid eligibility reinstated. I understand that the Office of Financial Aid may deny without question any SAP appeal that is incorrect or lacks documentation. I am, therefore, submitting my SAP appeal with appropriate documentation. By signing this form, I certify that the information on this form is truthful and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do Not Write Below this line**

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<b>SAP Appeal Committee Only</b>	
Academic Standing: GPA/Cumulative: _____ Completion Rate: _____ Maximum Time Frame: _____	
_____ Approved _____ Denied / Comments _____	
_____	
Committee Chair: _____	Date: _____

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