

Office of Financial Aid Services 425 S. Wabash Ave - Suite 1M16

Chicago, Illinois 60605 Phone: (866) 421-0935 Fax: (312) 341-3545 Email: fas@roosevelt.edu

## 2020–2021 SATISFACTORY ACADEMIC PROGRESS APPEAL

| Student Name:  | ident Name: Kooseveit ID:   |  |  |  |  |
|--|---|--|--|--|--|
| Street Address:  | Telephone#:   |  |  |  |  |
| City/State/Zip Code:   |   |  |  |  |  |
| Email Address:   |   |  |  |  |  |
| The U.S. Department of Education requires a Academic Progress (SAP) as defined by the fe and (2) have a minimum cumulative 2.0 GPA. request consideration of extenuating circums progress requirements. Both requirements mincluding the Federal PLUS Loan, until this recharges due to Roosevelt University by the progress of the progress o | ederal government: (1) complete a m<br>. Course outcomes are reviewed ever<br>stances that affected your requirement<br>that be met every enrolled semester.<br>equirement is complete. You are res | inimum of 67% of the courses you attempt<br>ry semester. You may submit this appeal to<br>ent to meet the federal satisfactory academic<br>. You are not eligible for federal student aid, |  |  |  |
| My Roosevelt University Academ   | ic Advisor is   |  |  |  |  |
| This appeal is for reinstatement of fir  | nancial aid eligibility for the fo  | llowing term:  |  |  |  |
| ☐ Fall (Deadline: October 31st)  | ☐ Spring (deadline March 31st)  | ☐ Summer (deadline June 30 <sup>th</sup> )   |  |  |  |

The following conditions warrant consideration:

- 1. Major disruption of family life, such as divorce, death or serious illness in the immediate family.
- 2. My own serious illness or medical complications.
- 3. Other situations clearly beyond my control.
- It is my responsibility to review the Satisfactory Academic Progress Policy, which is available online at https://www.roosevelt.edu/policies/sap.
- It is my responsibility to submit documented evidence to support extenuating circumstances that contributed to the reasons(s) I did not meet one or more of the Components of the Satisfactory Academic Progress Policy.
- I must submit clear and reasonable evidence to support the existence of a plan in place to avoid failing to meet one or more of the Components of the Satisfactory Academic Progress Policy in the future.
- If the appeal is to receive financial aid for hours beyond the Maximum Time Frame, an academic advisor must perform a degree check and include the results and the exact listing of all remaining courses needed to complete the degree with the appeal documentation.
- It is my responsibility to present my commitment to bring both components of the Satisfactory Academic Progress
   Policy back into compliance by the end of an approved Satisfactory Academic Progress Academic Plan.
- I understand that submitting this appeal does not guarantee approval to reinstate my eligible for financial aid.

I will be notified in writing once a final decision is made by the Satisfactory Academic Progress appeal committee.

Submit this worksheet in person to FAS-1M16/Wabash Building, or by email to fas@roosevelt.edu, or by fax to (312) 341-3545



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## SATISFACTORY ACADEMIC PROGRESS APPEAL

| A statement is required to explain the reason you did not meet the Satisfactory Academic Progress requirements.  Include in your statement your plan to successfully complete the courses in your next enrolled semester. All documents |                     |   |              |  |  |  |
|---|---------------------|---|--------------|--|--|--|
| submitted must have student name and RU ID - <b>Attached additional pages, if needed –</b>  |                     |   |              |  |  |  |
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|   |                     | attachments are accurate and complete to the b  |              |  |  |  |
|   |                     | y the information I have provided on this form. I<br>, reduction, withdrawal, and/or repayment of fir |              |  |  |  |
| may be reported to the Office of the Inspector<br>United States Criminal Code.  | General and/or subj | ect to a fine, imprisonment or both, under provi  | sions of the |  |  |  |
| SS. States Similar Code:  |                     |   |              |  |  |  |
| PHYSICAL SIGNATURE – DO NOT TYPE  |                     | PHYSICAL SIGNATURE – DO NOT TYPE  |              |  |  |  |
| Student Signature   | Date                | Parent Signature (DEPENDENT ONLY)   | Date         |  |  |  |

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