

Satisfactory Academic Progress (SAP) Appeal Form

One of the conditions to maintain eligibility for financial aid is to meet the requirements of *Satisfactory Academic Progress* (SAP) as defined by the federal government regulations for federal student aid. Every student is required to complete a minimum of 67% of the courses attempted, and a minimum cumulative 2.0 GPA, every term of enrollment. Students are allowed a *Financial Aid Warning* term. Eligibility for financial aid will be terminated on the next review following the *Financial Aid Warning term*. If your eligibility for financial aid has been terminated, you may submit, for reinstatement consideration, an appeal explaining extenuating circumstances. *Your eligibility for financial aid will be delayed until this appeal process is completed*.

SECTION 1: IDENT	IFICATION							
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Student Name:				R	oosevelt ID #:			
Street Address:				Р	hone No.:			
City, State, Zip:			Email Addre	ldress:				
SECTION 2: ACADEMIC TERM								
This appeal is for reinstatement of financial aid for the following term:								
☐ Fall	Spring	Summer						
SECTION 3: TERMS AND CONDITIONS								

I understand that:

- There are two components to the Satisfactory Academic Progress Policy:
 - 1. The qualitative assesses my academic performance in the courses that have been completed. I am required to maintain a **2.0 Roosevelt University GPA** at all times.
 - 2. The quantitative measure assesses my progress in pursuing my degree. This measures the attempted hours versus the hours completed. All RU students **must complete 67% of their attempted hours**. I's, IP's, W's, and F's do not count as credit.
- It is my responsibility to review the Satisfactory Academic Progress Policy, which is available online at www.roosevelt.edu/FinancialAid/Policies/SAP.
- I must be specific about the reason(s) for my appeal. The reason for failure to maintain Satisfactory Academic Progress standards must be clearly beyond my control.
- I must submit supporting documentation (e.g. a doctor's statement, letter from employer, etc) and that it is my
 responsibility to provide ALL necessary documentation to support my appeal.
- 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.
- I will be notified in writing once a final decision is made by the appeals committee.
- I understand enrollment charges are my responsibility, and must be paid when due. Submitting an appeal for reinstating federal student aid eligibility cannot delay my responsibility for payment.
- If my appeal is denied, I will not be eligible for financial aid.

Student Name:			Roosevelt ID #:				
SECTION 4: APPE	AL						
Please explain below the reason you were unable to maintain Satisfactory Academic Progress. Include your plan to successfully complete the federally required 67% completion rate and minimum cumulative GPA of 2.00.							
SECTION 5: CERTIFICATION AND SIGNATURE							
By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to reporting to the federal Inspector General and/or a fine, imprisonment or both, under provisions of the United States Criminal Code.							
PHYSICAL SIGNATURE -	– DO NOT TYPE						

Submit this form to the Office of Financial Aid in person (1M16 Wabash/Mezzanine Floor) or by email to <u>fas@roosevelt.edu</u>, or by fax (to 312-341-3545).

Date

Student Signature