

Satisfactory Academic Progress Appeal Form

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Student's Name (Last, First, MI)

This appeal is an opportunity to petition for reinstatement of financial aid eligibility after failing to meet Satisfactory Academic Progress Policy standards. The steps below must be followed to appeal for reinstatement of financial aid:

1. Review all information provided on this form.
2. Provide documentation of the mitigating circumstance.
3. Visit your campus University Advisement Center to obtain and develop an Academic Improvement Program form.
4. Sign in to <http://PAWS.gsu.edu> and click on Panther Answer to *Submit A Ticket* to attach a copy of:
 - a. Your completed and signed SAP Appeal form, and
 - b. Documentation of the mitigating circumstance(s), and
 - c. A completed Academic Improvement Program

Appeals Committee

Your appeal will be reviewed by an anonymous committee consisting of the University Advisement Center and Office of Student Financial Aid. The appeal decision will be based on your entire academic performance, the mitigating circumstance(s), and the mitigating circumstance documentation submitted. You will be notified of the committee's decision through student email and you may check your SAP standing for the status of the appeal by logging into your account on PAWS at <http://PAWS.gsu.edu>.

How is Satisfactory Academic Progress (SAP) Measured for Student Aid Eligibility?

- **Cumulative GPA:** A certain Cumulative GPA for your degree program as defined in the SAP Policy; and
- **Pace:** Successfully complete **66.66%** of courses attempted (institutional and transfer hours); and
- **Maximum attempted hours:** Aid is allowed up to 150% of the published program length hours. Maximum attempted hours per degree/program type:
 - Associate Degree: 150% of 60 credit hours = 90 credit hours
 - Bachelor's Degree: 150% of 120 credit hours = 180 credit hours
 - Graduate Program or higher: Length of program

We encourage you to view the SAP Policy: <http://sfs.gsu.edu/sap>

Check the term below that you are submitting this appeal. *Only check one box.* If your appeal is approved, your aid may be reinstated for the term indicated below. Complete SAP Appeals will be processed within 10-14 business days of submittal.

Note: SAP appeals submitted to our office after the term deadlines listed below will be reviewed for the next term.

<u>Semester/Year</u>	<u>Submittal Deadline</u>
<input type="checkbox"/> Fall _____	September 21
<input type="checkbox"/> Spring _____	February 8
<input type="checkbox"/> Summer _____	June 28

Instructions: Please indicate the mitigating circumstances that have contributed to your inability to maintain financial aid Satisfactory Academic Progress and provided dates of the circumstance(s). The appeal and documentation must be submitted as a complete package. **Incomplete appeals will be denied.**

In the chart below, check each circumstance that applies and provide a copy of the required document.

Category	Circumstance	Examples of Required Document(s)	Dates
Emotional	<input type="checkbox"/> Death of an immediate family member (parent, spouse, sibling, child) <input type="checkbox"/> Separation/Divorce experienced by you or your parent <input type="checkbox"/> Sick close relative	<ul style="list-style-type: none"> • Obituary and/or death certificate indication relation to immediate family member • Attach an attorney's letter on law firm's letterhead or copy of divorce decree. • Sick relative: Travel receipts, statement from physician 	
Financial	<input type="checkbox"/> Job loss <input type="checkbox"/> Increased work hours <input type="checkbox"/> Eviction <input type="checkbox"/> Homeless <input type="checkbox"/> Car loss/impaired, or other.	<ul style="list-style-type: none"> • Letter of Separation for job loss • Document from employer of increased hours • Eviction Notice • Shelter, Church, etc. notice homelessness • Car repair bill and/or police report of impairment 	
Physical	<input type="checkbox"/> Serious illness, accident or injury, to student or immediate family member (parent, spouse, sibling, child) <input type="checkbox"/> Hospitalization for at least 5 consecutive days <input type="checkbox"/> Significant trauma in student's life that impaired the student's emotional health	Documentation from: a physician, social worker, counselor, police, attorney, hospital bill/discharge with dates, or insurance explanation of benefits with dates, etc.	
Mental	<input type="checkbox"/> Learning disability <input type="checkbox"/> Psychological disorder as defined by doctor/psychiatrist such as depression, Post-Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), or other.	Attach supporting documentation from a third party; physician, social worker, counselor, police, attorney, etc.	
Military	<input type="checkbox"/> Call to duty, or other.	<ul style="list-style-type: none"> • DD214 • Military Orders 	

Circumstance: Please provide an explanation below of the circumstances that occurred which caused you to fall below the minimum financial aid academic standards? Attach an additional sheet if needed. _____

SAPFAL
 SAPSPR
 SAPSUM
Panther ID Number

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Resolution: How have you overcome the above circumstance?

Certification Statement

As a condition of this appeal, you are required to read the financial aid Satisfactory Academic Progress Policy for your Degree Program at <http://SFS.GSU.EDU/SAP>. By signing this form, I certify that all the information reported is complete and correct. I certify that documents submitted with the form have not been altered. I certify that I have read the SAP Policy and the conditions of the appeal process and understand if approved I must adhere to the developed academic plan.

Student Signature _____ Date _____