

2017-2018
 APSU Student Financial Aid & Veteran Affairs
SATISFACTORY ACADEMIC PROGRESS VIOLATION APPEAL FORM

Name: _____ APSU Student ID#: A _____ Major: _____

Expected Graduation Date: _____ Status: ___ Undergraduate ___ Graduate

Semester for aid reinstatement (choose one):

___ Fall Clarksville Campus ___ Fall I Ft. Campbell ___ Fall II Ft. Campbell ___ Summer
 ___ Spring Clarksville Campus ___ Spring I Ft. Campbell ___ Spring II Ft. Campbell

Check applicable items:

- I am pursuing a 2nd undergraduate degree.
- I am pursuing a 2nd graduate degree.
- I am continuing from an Associate's degree into a Bachelor's degree program in the upcoming semester.
- I am continuing from an undergraduate degree into a graduate degree program in the upcoming semester and have been admitted to a graduate degree program. (Please check box, sign, and submit appeal. This scenario does not require further documentation).

Use this form if you are appealing the suspension of your financial aid due to not meeting the Satisfactory Academic Progress (SAP) requirements as required by Federal Policy 34 CFR 668.34. You may review SAP policy guidelines at the link below. If your SAP failure was due to extenuating circumstances, you may be eligible for reevaluation of your financial aid eligibility.

https://www.apsu.edu/sites/apsu.edu/files/financialaid/Satisfactory_Academic_Progress_Policy_2017-2018.pdf

Note: Appeals with MISSING INFORMATION and/or INCOMPLETE APPEAL FORMS are subject to denial.

1. Complete all applicable sections of the form.
2. Attach the **REQUIRED** documentation requested on the appeal form.
3. Review the final page of the form to see whether your academic advisor needs to complete the Academic Plan.
4. All documentation must be submitted when you submit your appeal. *Supporting statements from family members are typically not accepted. Supporting statements must be SIGNED and on professional letterhead.*
5. Submit your appeal either by using the Financial Aid Document Upload feature in AP OneStop or directly to the Office of Student Financial Aid and Veterans Affairs.

REVIEW PROCESS

- Appeals will be reviewed by a financial aid counselor or may be forwarded to an appeals committee comprised of university staff. The decision of the committee is **final**. In-person appeals are **not** allowed.
- Appeal decisions will be made before the first day of class if submitted by the priority deadline.
- Appeals submitted after the priority deadline, but before the first day of class, may not be reviewed until late registration.
- Appeals submitted after the published final deadline date may not be considered until the following semester/term.

APPEAL DEADLINES

Term	Priority Deadline	Final Deadline
Fall Clarksville Campus	August 14	August 30
Fall I Ft. Campbell	August 14	August 30
Fall II Ft. Campbell	October 16	October 26
Spring Clarksville Campus	January 8	January 17
Spring I Ft. Campbell	January 8	January 17
Spring II Ft. Campbell	March 5	March 14
Full Summer, Summ. I, Summ. III	May 23	June 5
Summer II	June 29	July 11

Section 1: Explanation of Circumstances

Check a section below that best applies to your situation. Attach the required letter **and** supporting documents. Your statement must be typed or neatly handwritten. Letters of support must be signed.

- Medical Condition:**
 - **Provide a letter** explaining your circumstances; **and,**
 - **Attach a health care provider's written statement** confirming your medical condition, the impact it had on you during the semester(s) when SAP failure occurred, and supporting your decision to continue your enrollment.

- Death of a Family Member:**
 - **Provide a letter** explaining your circumstances; **and,**
 - **Attach a copy of the death certificate** or a written statement from a pastor or funeral director. The statement should confirm your relationship to the deceased, how the circumstances impacted your academic situation, and supporting your decision to continue your enrollment. **Obituary articles may not be acceptable.**

- Divorce/Separation:**
 - **Provide a letter** explaining your circumstances; **and,**
 - **Attach supporting court document(s).**
 - **A written statement** from a counselor, pastor, employer, instructor, attorney, or advisor confirming the extenuating circumstances may be required.

- Military Service:**
 - **Provide a letter** explaining your circumstances; **and,**
 - **Attach a copy of official military orders with dates** of deployment and/or required training corresponding to the semester in which the SAP failure occurred.

- Personal Difficulties:**
 - **Provide a letter** explaining your circumstances; **and,**
 - **Attach a written statement** from a counselor, pastor, employer, instructor, attorney, or advisor confirming your difficulties and supporting your decision to continue your enrollment. **Not to be used if your situation falls into any other category.**

- Exceeding Maximum Time Frame of Allowable Hours:**
 - **Provide a letter** explaining your circumstances. Address transfer/military hours or changes in major. Describe your plan to graduate; **and,**
 - **An academic plan must be completed and signed by your academic advisor.**

Section 2: Plan of Action for Academic Success

Attach a statement to this appeal form describing what has changed in your situation that will assist you in achieving academic success in the future. If required, meet with your academic advisor to complete the Academic Plan on the last page of this appeal form.

Section 3: Certification Statement

I certify that all of the information I have provided is true and complete to the best of my knowledge. I have read the SAP Policy detailed at https://www.apsu.edu/sites/apsu.edu/files/financialaid/Satisfactory_Academic_Progress_Policy_2017-2018.pdf , and I am aware of the appeal submission deadlines for each term. I understand that I cannot appeal if I have already been granted an appeal during the current academic year unless my circumstances have changed, and that the number of appeals is limited during my academic career at APSU. I understand I will be notified of the committee’s decision via APSU email, and that I must comply with the terms of the notification. I understand that my appeal may be denied and that I should be prepared to pay for the courses in which I have enrolled or to withdraw from my courses by the drop date to avoid financial penalty.

Student Signature: _____ Date: _____

*****FOR OFFICE USE ONLY*****

Received:

- Form Statement
- Supporting Documentation Academic Plan

Notes:

REVIEW BEFORE SENDING TO THE COMMITTEE

Previous SAP Status (circle one) Good Standing Warning Appeal/Academic Plan Fail

of Previous Appeals/Violations 0 1 2 3 ____

Overall Attempted ____ Earned ____ Pace: ____% GPA: ____

Semester	Attempted	Earned	%	GPA

Appeal Decision: Approved [Semester Reinstated] _____ Denied _____

Approval Decision (include details of conditional approval): _____

Failed Decision Reason:

____ Attempted hours standard ____ GPA standard ____ Other _____

Committee/Staff Representative _____ **Date** _____

____ ROASTAT ____ ROAHOLD ____ RHACOMM ____ RRAAREQ ____ E-mail

Satisfactory Academic Progress Appeal Academic Plan

Name: _____ APSU Student ID#: A _____

If you were approved on a previous appeal with an academic plan, you are not required to complete the plan below unless you have changed your program of study.

Complete this Academic Plan if you are in one of the categories below:

- I am in a failed status with financial aid due to GPA and completion ratio.
- I am in a failed status with financial aid due to my completion ratio but not GPA.
- I have exceeded the maximum attempted credit hours allowable.

INSTRUCTIONS: This information must be completed and signed by an academic advisor. If you are unable to contact your academic advisor, contact your academic department. Your academic record and hours remaining for degree completion will be reviewed to determine your approval status. If approved, you will be required to take only courses remaining for completion of your current degree program to remain eligible to receive financial aid.

Advisor Section Please complete sections 1 – 4 below.

1. Program of Study: _____ Anticipated Graduation Date: _____

2. **Military Hours** (If applicable)

I certify that the military credits listed below do not apply towards the student's current program of study:

Number of military credit hours to exclude: _____

- Enter 0 if no excludable credits

3. **Degree Program** (Required)

I certify that the student needs the following number of credit hours to finish their current program of study:

Number of non-military credit hours not applicable toward current degree program: _____

- Exclude any course the student has attempted or passed that does not fulfill any requirements for his or her degree. You may not exclude courses required for the degree, such as core courses.
- Courses with grades of W, F, FA, or FN may be excluded only if the course is not applicable to the current degree program.
- Enter 0 if no excludable credits

Credit hours required to finish current program of study: _____

- Include currently enrolled hours and those needed during future terms

4. Advisor Name (printed): _____

Advisor Signature/Phone Ext/Date: _____

Student Section

By signing below, I understand my financial aid will be terminated if I fail to submit requested documents and/or knowingly provide false information on any financial aid documents required by Austin Peay State University. Aid awarded on the basis of false information will be billed to me. False or fraudulent information may be reported to the Federal Office of the Inspector General and/or the University Dean of Students.

Student Signature: _____ Date: _____

.....**FOR FINANCIAL AID STAFF USE ONLY**.....

Total Attempted Hours: _____

(-) Military Hours: (-) _____

(-) Non-Military Hours: (-) _____

Recalculated Attempted Hours for FA: = _____

(+) Remaining Hours Required: (+) _____

Total to Complete Degree: = _____