

APSU Student Financial Aid & Veteran Affairs

Satisfactory Academic Progress Violation Appeal Form

You will be notified via APSU e-mail of the decision regarding your appeal.

Name: _____ APSU Student ID#: A _____
 Address: _____ Daytime Telephone #: _____
 City: _____ State and Zip: _____

- Satisfactory Academic Progress Guidelines are located at <http://www.apsu.edu/Financialaid/forms/guidelns.pdf>
- Appeals submitted during late registration, or after the term has started, will not be considered until the following semester/term.

Reason you did not meet academic progress guidelines: Military service Personal illness or accident
 Personal complications Illness or death of immediate family member Other _____

You must attach the following to this form:

1. Documentation to support the reason(s) checked above.
2. Written statement detailing steps you will take to improve your academic performance and meet guidelines in the future.
3. **If you are not meeting the quantitative (pace) standards indicated below and according to our guidelines, you must meet with an academic advisor to complete the Satisfactory Progress Violation Appeal Enrollment Plan BEFORE you submit your appeal. The Enrollment Plan is located on the back of this form.**

If you are appealing for GPA only, you are not required to complete the Satisfactory Progress Violation Appeal Enrollment Plan.

Grade Levels	Maximum Attempted Hours Allowed for Pace
Freshmen (0-29 Hours)	36 Hours
Sophomore (30-59 Hours)	90 Hours
Junior (60-89 Hours)	144 Hours
Senior (90-120 Hours)	180 Hours
Graduate Student	54 Hours
Student Pursuing Associate Degree	90 Hours
Student Classified as Second Degree	90 Hours

If you choose not to appeal, or your appeal is denied, you may be able to reestablish eligibility for future terms by meeting the published quantitative (pace) standards. Once you have met the eligibility, you may submit a new appeal.

By signing below I agree I have read the Satisfactory Academic Progress guidelines and 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 OFFICE USE ONLY** *****

Previous SAP Status (circle one) Good Standing Warning Probation Conditional Fail
of Previous Appeals/Violations 0 1 2 3 ____
Appeal Decision: Approved [Semester Reinstated] _____ Denied _____
Approval Decision (include details of conditional approval): _____

Failed Decision Reason:

____ Attempted hours standard ____ GPA standard
 ____ Attempted hours **and** GPA standards
 ____ Other _____

SFA/VA Representative _____ **Date** _____
 ____ ROASTAT ____ ROAHOLD ____ RHACOMM ____ RRAAREQ ____ Email

Academic Record		Cum: ____%	
Sem.	Attempted	Earned	%

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Satisfactory Academic Progress Appeal Enrollment Plan

INSTRUCTIONS: This plan must be completed and signed by your academic advisor. This enrollment plan **must include only** courses remaining for degree completion. This documentation does not guarantee approval of your appeal. Your financial aid counselor will review your academic record and hours left for degree completion to determine your approval status. If approved, you will be required to follow this plan in order to remain eligible to receive financial aid.

Student ID: _____ Name: _____

Program of Study: _____ Anticipated Graduation Date: _____

Term _____ Year _____	
<u>Course Name</u>	<u>Credit Hours</u>

Term _____ Year _____	
<u>Course Name</u>	<u>Credit Hours</u>

Term _____ Year _____	
<u>Course Name</u>	<u>Credit Hours</u>

Term _____ Year _____	
<u>Course Name</u>	<u>Credit Hours</u>

Term _____ Year _____	
<u>Course Name</u>	<u>Credit Hours</u>

Term _____ Year _____	
<u>Course Name</u>	<u>Credit Hours</u>

Advisor Signature/Phone Ext/Date: _____

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Student Signature _____ Date _____



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