



**Office of Student Financial Services**  
**Satisfactory Academic Progress Appeal Form**

|            |             |
|------------|-------------|
| Full Name: | Program:    |
| Phone #:   | Email:      |
| Address:   | City & zip: |

A student not meeting Satisfactory Academic Progress (SAP) is not eligible for financial aid, including federal and institutional aid or any other fund source requiring good academic standing.

To appeal this status, the student must complete each section of this form and provide the required documentation.

The Financial Aid office must receive the complete written appeal no later than 7 business days after notification of failure to meet SAP. Incomplete appeal forms and those without the requisite supporting documentation will be denied.

***REASON: Required to be completed by the student***

Reason for appeal (select all that apply):

- Personal illness, injury, or disability
- Family difficulties – i.e. divorce, illness, or death of a family member
- Other special circumstances

***STATEMENT: Required to be provided by the student***

Provide a personal statement on a separate sheet which describes all items listed below:

- The reason(s) that you failed to meet the SAP standards. If these circumstances covered more than one semester, address the relevant circumstances for each semester that you did not meet the standard(s).
- How the circumstance(s) that prevented you from meeting the SAP standards have now been resolved.
- What has changed and why you will be able to meet the SAP standards on the terms of your academic plan.

***SUPPORTING DOCUMENTATION: Required to be provided by the student***

All appeals must be accompanied by proper supporting documents which are legible and in writing. Appeals submitted without supporting documentation will be DENIED. Supporting documentation consists of the following third-party documents which include but are not limited to:

- For medical situations you do not need to submit excess medical information. This may include a doctor's or counselor's statement, proof of visit from an online system (i.e. MyChart), copy of hospital/urgent care/physician's bill, etc.
- Copy of death certificate, funeral notice or obituary

- Accident reports, police records, court records, etc.
- Academic difficulties = statement from Academic Enrichment or tutor stating what you are doing to meet SAP and the timing of the support services.
- Other third-party statements may be acceptable if the above documentation is unavailable. Please contact the Director of Student Financial Services to discuss further.

Note: The Director of Student Financial Services may request additional/other documentation to support the reason for the appeal.

**ACADEMIC PLAN: Required to be completed by the student and academic advisor**

**Associate Dean of Student Affairs or School Official:**

I hereby certify that it:

- is is not (check one) feasible for the student to meet satisfactory academic progress within one term or within the established academic plan and further that the program
- has  has not (check one) established a remediation or other academic plan for the student.

Approval of this form must be accompanied by an academic plan.

\_\_\_\_\_  
Academic Advisor/School Official Signature

\_\_\_\_\_  
Date

**Student:**

By signing below, I hereby:

- Agree to the SAP Academic Plan provided by the Associate Dean or School Official.
- Certify that all statements and information provided in this application are true and correct;
- Authorize the MCW Financial Aid Office to investigate all statements contained in, and supporting documentation provided with, this application;
- Agree to provide other information/supporting documentation that may be required/requested by the Financial Aid Office; and
- Acknowledge that submission of a Financial Aid Probation appeal does not guarantee that my appeal will be accepted, and that I should not depend on financial aid to pay for costs of registration, but should be prepared to pay my tuition from my own resources pending the outcome of my appeal.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Send completed form with attachments to [finaid@mcw.edu](mailto:finaid@mcw.edu) or turn in to the office by deadline.

**SFA Office Use Only**

|                               |
|-------------------------------|
| Date received:                |
| Student statement: Y/N        |
| Supporting documentation: Y/N |
| Academic plan: Y/N            |
| Final determination:          |