

Satisfactory Academic Progress Appeal Form

Student Name: _____ Student ID: _____

Term and Award Year (Example: Fall 202X): _____ Date: _____

In the event that a student fails to maintain satisfactory academic progress and is no longer eligible for federal student aid funds, an appeal may be granted in limited circumstances on a case-by-case basis. This form serves as an appeal for reinstatement of financial aid. Students must remain matriculated to have this appeal reviewed and to receive financial aid should this appeal be approved.

In order to request a satisfactory academic progress appeal please submit the following with this form:

1. A typed written appeal letter which:
 - a. Describes the circumstances that prevented you from meeting the required SAP standards.
 - b. Outlines how the circumstances have changed, enabling you to meet the SAP standards going forward, and the actions you will take to improve your academic performance.
2. Attach supporting documentation of the circumstances. Documentation must be on official letterhead and include the student's name and student ID. Examples of supporting documentation include:
 - Doctor's note or letter from a physician
 - Legal documents
 - Police report/court documents
 - Other official documents that support the appeal

I understand that I must ensure that my bill is paid even if an appeal decision has not yet been made. Incomplete appeals will not be considered for approval. I understand that if this appeal is granted, I am required to meet the conditions that will be outlined in my SAP Academic Plan. Please sign using a pen. Electronic signatures are not accepted.

Signature: _____ Date: _____

Certification:

My signature above indicates that the information and documentation I have provided pertaining to this appeal are true and complete to the best of my knowledge. Further, I authorize the Satisfactory Academic Progress Appeals Committee to access my academic and financial records for review of my SAP appeal. I also understand that I am not eligible for financial aid unless I receive approval of this request for reinstatement of financial aid.

Please email this completed form along with documentation to faoffice@duq.edu or use our [secure document upload](#).