



GEORGIAN COURT UNIVERSITY

*A tradition of excellence...a future of success*

## Satisfactory Academic Progress Appeal Form

**The students FAFSA must be filed and all verification documents must be received within 14 days of the original Satisfactory Progress letter in order for the appeal to be reviewed.**

**Appeal forms must be received by the Financial Aid Office within 14 days from the day you receive your Satisfactory Progress letter.**

**In order to focus on their studies students who have their appeal granted will not be awarded work-study until they have corrected their credit and or GPA deficiencies (If funding and jobs are still available).**

\_\_\_\_\_  
Student's Name (Last, First, M.I.). *Please print.*

\_\_\_\_\_  
GCU Alternate ID

We recommend that you carefully review the Georgian Court University Financial Aid Satisfactory Academic Progress (SAP) Policy. If you do not have a copy of the SAP policy, you may obtain one by downloading one from the Financial Aid Office section of the GCU website. ***Submitting an appeal is not a guarantee that your eligibility for financial aid will be reinstated.*** It is ***your responsibility*** to submit all necessary documentation supporting the circumstances of your appeal. Failure to submit documentation supporting the circumstances of your appeal will delay and/or affect the final appeal decision. Decisions on complete appeals should be available within ten days from the SAP committee and **appeal decisions are final. An appeal decision may impose limitations upon aid eligibility and/or future minimum academic standards.** You will be notified by e-mail, phone, or letter of the decision. Please provide the following information:

\_\_\_\_\_  
Local Street Address

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Local Phone Number

|    |   |
|----|---|
| 1. | Please indicate the term for which you are appealing to have your financial aid reinstated (check one box):           |
|    | <input type="checkbox"/> Fall 20_____ <input type="checkbox"/> Spring 20_____ <input type="checkbox"/> Summer 20_____ |
| 2. | What type of SAP violation(s) are you appealing? Check ALL boxes that apply.  |
|    | <input type="checkbox"/> GPA <input type="checkbox"/> Completion Rate <input type="checkbox"/> Over Hours             |
| 3. | Have you appealed before?   |
|    | <input type="checkbox"/> Yes, I appealed in the following semester(s): _____ <input type="checkbox"/> No              |

Provide the following documentation in support of your appeal:

\_\_\_\_\_ 1. **Personal Statement:** Required for ALL APPEALS – Include the following: Explanation of extenuating circumstances and resolution or plan of action explaining what will ensure your future academic success. **All**

medical issues including stress or depression must include a physician's explanation on the doctor's letterhead Signed by the doctor. No exceptions or appeal will be denied.

- \_\_\_\_\_ 2. **Academic Advisor Appeal Questionnaire:** Required for ALL GPA and COMPLETION RATE VIOLATIONS. Must be signed by your Advisor!
- \_\_\_\_\_ 3. **Projected Graduation Audit Form:** Required for ALL OVER HOURS VIOLATIONS. Must be signed by advisor!
- \_\_\_\_\_ 4. Other: (Letter from Physician, etc.) \_\_\_\_\_

**Personal Statement**

Explanation of extenuating circumstances. (If medical you must provide medical documentation on the physician's letterhead and signed by the doctor. (Examples are if you indicate you were stressed, depressed, sick for a extended period of time, relative sick etc.)

**Not working hard or no study habits are not extenuating circumstances.**

**No documentation means your appeal will not be reviewed!**

Resolution or plan of action signed by your advisor (e.g. explain what will ensure your future academic success. **Not receiving financial aid in the future is not an acceptable reason to approve your appeal.**)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Academic Advisor Appeal Questionnaire**

To be completed by Advisor and submitted by the advisor as part of Financial Aid Appeal

**ADVISORS PLEASE NOTE:**

**Your recommendation is very important and monitored by the Department of Education! Please do not approve a student because they need financial aid to continue toward their degree. If a student truly cannot make up their deficiency in the allotted time, you should not endorse their plan. Remember in most cases students are incurring debt to remain in school. If they cannot make up their financial aid satisfactory academic progress by the end of the next semester, their aid will not be renewed, and they will have incurred additional unnecessary debt.**

Student Name: \_\_\_\_\_

GCU ID \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Department: \_\_\_\_\_

Advisor Telephone Number: \_\_\_\_\_

Advisor E-mail: \_\_\_\_\_

Has an academic plan been created to show how the student will obtain academic progress?  Yes  No

**How many hours can the student enroll for the next Fall \_\_\_\_\_ Spring \_\_\_\_\_ Sum \_\_\_\_\_ semesters?**

Is the student making reasonable progress towards completing his/her degree requirements?  Yes  No

If "No" please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many hours remain before the student can receive his/her degree?

\_\_\_\_\_

What is the expected graduation date? \_\_\_\_\_

Has the student been provided with additional counseling regarding the successful completion of degree requirements?  Yes  No – If "Yes," briefly describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Advisor must send appeal form via interoffice mail. Form cannot be hand delivered by student. NO EXCEPTIONS OR APPEAL WILL BE DENIED!**

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

Date: \_\_\_\_\_