



Office of Student Financial  
Aid and Scholarships  
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The Office of Student Financial Aid and Scholarships has established an appeal process to review all financial aid appeals related to Satisfactory Academic Progress (SAP). Any student who wishes to appeal his/her ineligible status for financial aid due to SAP should read and complete the attached materials.

**DEADLINE:** An appeal form with all appropriate documentation must be submitted no later than the **end of the 13<sup>th</sup> week** of the semester for which student financial aid is being. Appeals submitted after the 13<sup>th</sup> week of classes will be considered for the next term.

**PROCEDURE:**

- Schedule an appointment to meet with your academic advisor or dean's office representative to discuss your appeal. Your advisor will need to provide the required advisor's statement and signature. Additionally, your advisor must assist you in completing the Academic Plan and sign it **before** you submit your appeal. Without the required advisor's completion, the appeal will not be reviewed and will be returned to the student.
- Fully complete the appeal form. Documentation to support your appeal is **required**. Any appeal received without documentation will be returned or denied.
- Submit your appeal to the Financial Aid Office at the address or fax number provided above. All appellants will receive an email response at their Ohio University email address no later than 10 business days after submitting all necessary information.

**GUIDELINES:**

- Federal regulations govern SAP policies and procedures. SAP appeals may only be approved for the following reasons:
  - severe physical or mental illness experienced by the student
  - severe physical or mental illness experienced by the student's immediate family
  - death in the student's immediate family
  - other extenuating circumstances
- If you have experienced one or more of the above-mentioned circumstances within the timeframe that your academic performance did not meet SAP standards, your appeal will be considered. These circumstances do not guarantee approval.
- Appeal decisions are final and cannot be further appealed. If your appeal is denied, you will be ineligible for financial aid until you have resolved all SAP deficiencies.

**NOTE:** If you have been suspended from your college, this appeal will not result in an academic reinstatement. A separate appeal process is necessary. Please contact your college dean's office for more information on reinstatement to your program of study.

**COMPLETED BY STUDENT:**

Name: \_\_\_\_\_ PID: \_\_\_\_\_

Ohio University Email: \_\_\_\_\_ Last term of attendance at Ohio University: \_\_\_\_\_

For which semester(s) are you requesting financial aid reinstatement? Please circle all that apply.

Summer                  Fall                  Spring

Attach a separate sheet explaining in detail the specific academic, medical, and/or emotional difficulties that caused your failure to meet SAP requirements. Provide documentation for all reasons listed. Additionally, provide the following in your statement when appropriate:

- If you failed to maintain a satisfactory GPA and/or meet the minimum completion percentage requirement, please state why you believe it is possible for you to improve upon your past academic performance and what corrective action have you taken to perform satisfactorily in future enrollment.
- If you have failed to complete your degree within the allotted time frame, please explain why it has taken you longer than the allotted timeframe to complete your degree and when you expect to graduate.

I certify that all information submitted in this appeal is true and accurate.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ask your faculty advisor, dean, or an administrative staff member who is aware of your situation to complete the appropriate statement below and provide comments relevant to this appeal.

**COMPLETED BY ADVISOR:** This form will be in the student's financial aid file, available for student review.

***Advisor Support***

Please list reasons for supporting this appeal:

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Please outline future steps the student will take to ensure satisfactory academic progress:

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Faculty/Staff Name **Printed:** \_\_\_\_\_

Title: \_\_\_\_\_

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

Campus Phone Number: \_\_\_\_\_ Campus Email: \_\_\_\_\_

Faculty/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETED BY ADVISOR AND STUDENT:**

An Academic Plan outlines the courses a student plans to take over the next three terms or until degree completion. All students who are submitting an SAP Appeal must meet with their advisor and request assistance in completing the following Academic Plan. The Academic Plan outlines what courses you and your advisor feel you should take over the next three semesters. Students who are appealing based on failure to complete your degree in the allotted timeframe must provide coursework for all semesters remaining until graduation.

**Academic Plan**

Name: \_\_\_\_\_ PID: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Tentative Courses for _____ SMST _____ YR
Class Name <span style="float: right;">Credit Hours</span>
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Total Credit Hours _____

Tentative Courses for _____ SMST _____ YR
Class Name <span style="float: right;">Credit Hours</span>
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Tentative Courses for _____ SMST _____ YR
Class Name <span style="float: right;">Credit Hours</span>
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Total Credit Hours _____

Tentative Courses for _____ SMST _____ YR
Class Name <span style="float: right;">Credit Hours</span>
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Total Credit Hours _____

Return completed form to Office of Student Financial Aid and Scholarships, 020 Chubb Hall or fax to (740) 593-4140.