



Office of Student Financial
Aid and Scholarships
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The Office of Student Financial Aid and Scholarships permits any student who is ineligible for financial aid due to Satisfactory Academic Progress (SAP) to submit a SAP appeal. 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 13th week** of the semester for which you are requesting financial aid. Appeals submitted after the 13th week of classes will be considered for the next term. You are responsible for all charges on your university account while your appeal is reviewed. If the appeal is denied, all charges incurred remain your responsibility.

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 extreme or 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 contested. If your appeal is denied, you will be ineligible for financial aid until you have resolved all SAP deficiencies. You may only submit one appeal per academic career. For example, you may appeal once as an undergraduate and once as a graduate.

PROCEDURE:

- Fully complete all sections of the form.
- Collect documentation to support your appeal. Documentation is required. Any appeal received without documentation will be returned or denied.
- Schedule an appointment 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 of support. Additionally, your advisor must assist you in completing the Academic Plan that you both must sign.
- Before you submit your appeal, make sure you have fully completed the forms with all signatures and have supporting documents. Incomplete appeals will not be reviewed and can be denied.
- Submit your fully completed appeal with documentation to the Office of Student Financial Aid and Scholarships at the address or fax number provided above. You will receive an email response to your Ohio University email address no later than 10 business days after submitting all necessary information.

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

Please answer the following questions in detail. You can attach more pages, if necessary.

What are the specific academic, medical, and/or emotional difficulties that caused your failure to meet SAP requirements?

What has changed and why do you believe it is possible for you to improve upon your past academic performance?

What corrective action have you taken to perform satisfactorily in future enrollment?

If you have failed to complete your degree within the allotted timeframe, please explain why it has taken you longer than the allotted timeframe to complete your degree and when you expect to graduate?

Please attach documentation to support the extenuating circumstances that negatively impacted your ability meet SAP requirements. These documents must also verify resolution of the extenuating circumstances. Documentation should confirm what has changed allowing you to succeed academically. Examples of appropriate documentation include statements on official letterhead from a medical professional, employer, and/or attorney as well as police reports, medical documentation, and/or obituaries.

I certify that all information submitted in this appeal is true and accurate and I have read the attached cover sheet.

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:

Please outline future steps the student will take to ensure Satisfactory Academic Progress:

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 you plan to take over the next three terms or until degree completion. You are required to meet with your advisor to complete the following Academic Plan. The Academic Plan outlines what courses you and your advisor feel you should take over the next three or more semesters. Students appealing based on failure to complete your degree in the allotted timeframe must provide coursework for all semesters remaining until graduation. Advisers, please list student's enrollment for the current term.

Academic Plan

Name: _____ PID: _____

Student's Signature: _____ Date: _____

Projected Graduation Date: _____

Advisor's Signature: _____

Tentative Courses for _____ SMST _____ YR	Credit Hours
Class Name	

Total Credit Hours _____	

Tentative Courses for _____ SMST _____ YR	Credit Hours
Class Name	

Total Credit Hours _____	

Tentative Courses for _____ SMST _____ YR	Credit Hours
Class Name	

Total Credit Hours _____	

Tentative Courses for _____ SMST _____ YR	Credit Hours
Class Name	

Total Credit Hours _____	

Tentative Courses for _____ SMST _____ YR	Credit Hours
Class Name	

Total Credit Hours _____	

Tentative Courses for _____ SMST _____ YR	Credit Hours
Class Name	

Total Credit Hours _____	

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