



Office of Enrollment Management

Satisfactory Academic Progress (SAP) Appeal Form for Title IV Financial Aid Recipients

Eligibility for Federal Financial Aid is based on maintaining Satisfactory Academic Progress (SAP). Please complete all steps outlined on this form to appeal your financial aid ineligibility. Failure to submit documentation and follow instructions will result in a delay in the decision of your appeal. Once a decision has been reached your SAP Status on PAWS will be updated, and you will be sent an email from our office. ***Please use blue or black ink only when completing this document.***

Step 1: Student Information

Name (Print): _____ LSU ID: 89 - _____ - _____

Program of Study: _____

Step 2: Reason for Financial Aid Suspension

Please check all that apply. I am completing an appeal by answering all of the questions on this form in detail, and I am including supporting documentation for reinstatement of financial aid. I would like to appeal my financial aid suspension because:

- ☐ I currently have a cumulative grade point average (GPA) below the minimum standards
- ☐ I currently have a cumulative pace of progression below the required standards
- ☐ I have exceeded the maximum credit hour limit. My degree program is _____ number of hours. I have attempted _____ number of hours and have still not earned my degree.

Step 3: Appeal Information

Financial aid ineligibility can be appealed if you have suffered undue hardship. In order for an appeal to be considered, your circumstances must meet at least one of the criteria in the chart below. Please indicate below which situation(s) best applies to the academic difficulty you experienced. In addition, all appeals must be submitted with supporting documentation. Examples of acceptable documentation are listed in the following chart. The documentation should be attached to the appeal at the time the appeal is submitted.

Check the Circumstance(s) that Apply	Required Documentation (must include dates)
<input type="checkbox"/> Severe illness, medical condition or injury	<ul style="list-style-type: none">Signed and dated letter from physician on office letterhead verifying medical problems experienced and treatment received; legible copy of accident
<input type="checkbox"/> Death of family member	<ul style="list-style-type: none">Death certificate and/or dated obituary from newspaper
<input type="checkbox"/> Traumatic life-altering event such as fire, hurricane, etc.	<ul style="list-style-type: none">Evidence of event such as insurance claim or FEMA application
<input type="checkbox"/> Academic Bankruptcy	<ul style="list-style-type: none">Signed and dated letter from academic advisor verifying academic bankruptcy



You must complete the questions below. Be sure to respond to all questions. Please attach additional pages if necessary.

- Maximum Timeframe:** You need to explain why you have exceeded the number of credits required for graduation from your program of student. You should explain all F's, I's, W's, and Repeats and why they occurred. If you took any classes that do not count toward your current major, please explain. Be as detailed as possible.

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2. List the documents below that you have attached to support your appeal for reinstatement. Please explain how each relates or supports to the circumstance(s) discussed in question #1. **APPEALS WILL NOT BE REVIEWED WITHOUT SUPPORTING DOCUMENTATION. A PERSONAL STATEMENT, DEGREE AUDIT, OR COPY OF YOUR ACADEMIC PLAN IS NOT DOCUMENTATION.**

Step 4: Academic Plan Form

In order for an appeal to be considered, students must meet with an academic advisor to (A) ensure he is able to mathematically meet LSU's Satisfactory Academic Progress standards at the end of the next regular semester or (2) to discuss and complete an Academic Plan Form that will provide the student with an academic plan which places him back on track to meeting SAP at the end of a stated period of time. The student should report to his academic college to have the Academic Plan Form completed **prior** to submitting the appeal form to the Office of Enrollment Management.

Checklist of Completion - Please check the following to verify you have completed all steps prior to the review of your appeal.

- ☐ I have read and understand LSU's Satisfactory Academic Progress Policy which can be found at www.lsu.edu/financialaid/sap.
- ☐ I have completed the appeal form and all questions have been answered in depth.
- ☐ Documentation to support my appeal has been attached.
- ☐ I have met with an academic advisor where all required sections of the Academic Plan Form was completed.

Deadline

To ensure that an appeal is reviewed, students must submit their appeal no later than two weeks prior to the end of the semester. Appeals will **NOT** be considered for a semester that has already ended. It is the responsibility of the student to pay all outstanding balances on his/her account while waiting for an appeal decision. Regardless of the appeal decision, students are responsible for any late fees incurred.



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Certification of Information

- I certify that the information I have provided is true and complete to the best of my knowledge. I realize that giving misleading information or forged documentation will result in my being reported to the Student Advocacy & Accountability Office for appropriate disciplinary action. Furthermore, I realize that additional information may be requested by the Office of Enrollment Management to further support my appeal.
- If additional information is needed or once a final decision has been reached regarding my appeal for financial aid, I understand that I will be sent notification via my LSU email account only. Therefore, it is my responsibility to check my LSU email account frequently during this period. If corresponding through my University email account is a problem, I realize that it is my responsibility to contact the Office of Enrollment Management for further instructions.
- By signing, I certify that I understand the academic requirements/academic plan recommended by my academic advisor. If I fail to meet the requirements outlined in this plan, my future eligibility for financial aid will be suspended.

Student's Signature: _____ Date: _____