



Office of Financial Aid
291 Campus Drive, Dickinson, ND 58601
(701) 483-2371 Office (701) 483-2720 Fax

Satisfactory Academic Progress (SAP) Appeal Form

Name (print) _____ Student ID: _____ Phone: _____

Email: _____ Last Term Attended: _____ Next Term to Register: _____

If you have been placed on financial aid suspension, you have the right to appeal. Please indicate the reason for your appeal below and follow the instructions listed.

Extenuating circumstances that were medical (i.e. hospitalization or illness requiring you, the student, to miss class/exams) or emotional (i.e. depression, anxiety, ADD, adjustment issues) in nature

Attach a written/typed statement from you, the student, explaining your medical or emotional circumstance and how it negatively impacted your academic performance. Include information about how your situation is better now and how you plan to succeed academically if given another opportunity.

Attach supporting documentation. This should be a letter from your doctor or counselor, or if you did not see a doctor or counselor, a letter from a third party who can corroborate your situation. The letter must be signed by the person who wrote it and must include a phone number, as we may call to verify the information.

Death or serious injury/illness of family member or close friend

Attach a written/typed statement from you, the student, explaining your circumstance and how it negatively impacted your academic performance. Include information about how your situation is better now and how you plan to succeed academically if given another opportunity.

Attach one of the following forms of supporting documentation: a copy of the obituary, memorial program, or death certificate.

Other extenuating circumstances (please specify) _____

Examples of situations that we may consider include: adjustment issues, changing your major, legal issues/custody battle, etc. Situations that are NOT considered extenuating include: working too many hours, roommate problems, being unaware of the SAP policy, didn't like classes/teachers, etc.

Attach a written/typed statement from you, the student, explaining your circumstance and how it negatively impacted your academic performance. Include information about how your situation is better now and how you plan to succeed academically if given another opportunity.

Attach supporting documentation. This should be a letter from a third party who can corroborate your situation. The letter must be signed by the person who wrote it and must include a phone number. This documentation may be obtained through the Academic Success Center. Other options are: Educational Enhancement Services (if you are a participant) or the Multicultural Center (if you are receiving a cultural diversity award).

Need to exceed the maximum number of attempted credit hours allowed

Attach a plan of study completed by your academic advisor or the Registrar indicating: 1) the courses needed to complete the degree, 2) the number of credit hours for each course, 3) the number of semesters needed to complete your degree, and 4) the anticipated graduation date.

I understand that once I failed to comply with Federal regulations pertaining to Satisfactory Progress, no future Federal Title IV aid will be available through the DSU Office of Financial Aid until this appeal is approved in writing by the Director of Financial Aid or the Appeals Committee or until I am again meeting SAP. Please allow three weeks to review your appeal.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Additional Information Requested. Date _____

- **Comments:**

Denied -- the student may consider borrowing an Alternative Loan to pay for the semester's costs. Alternative Loans you may consider using are:

- **Chase**
- **Collegiate**
- **Sallie Mae**
- **US Bank**
- **Wells Fargo Education Loan**

Comments:

Approved:

- **Stipulations /Comments:**

Student Notification Letter Sent.

Award Adjustments Completed/Award Letter Requested.

Negative Service Indicator Removed.

Packaging Status Summary SAP Indicator Switched.

Completed By: _____ Date: _____
Director of Financial Aid