



**Financial Aid**  
**May Hall, Room 111**  
**Dickinson State University**  
**291 Campus Drive**  
**Dickinson, ND 58601-4896**

**Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday**  
**Phone: 1-800-279-4295 ext. 2371 or 701-483-2371**  
**Fax: 701-483-2409**  
**Web: www.dickinsonstate.edu**  
**Email: dsu.financialaid@dickinsonstate.edu**

## **Financial Aid Satisfactory Academic Progress (FASAP) Appeal**

**Purpose: This form is used only to appeal the disqualification of federal financial aid. (Do not use this form for academic suspension nor for the revocation of institutional aid.)**

The Financial Aid Satisfactory Academic Progress (SAP) policy is found on the DSU website.

Dickinson State University does recognize there may be circumstances **beyond the student's control** that may affect the success of a term of study. Therefore, to appeal for continued financial aid eligibility, students must submit this form, along with any required documentation, detailing the extenuating circumstances that contributed to not meeting the minimum FASAP standards. In addition, students must indicate how they have overcome any issues and will be able to achieve the minimum FASAP standards in future semesters.

Submitting an appeal does not guarantee approval to reinstate eligibility to receive federal financial aid. Students will receive written notification, via the students official campus email address, of the SAP appeal decision within 15 business days after receipt of a completed appeal form and the required documentation. If the appeal is not successful, students may consider an alternative/private loan to fund their cost of education until they meet the minimum SAP standards.

**Students are encouraged to work with their academic advisor and/or the Academic Success Center to create a comprehensive plan that will help them succeed academically.**

### **To Be Completed by the Student (please print)**

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

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_

### **Check the box that describes the reason for disqualification:**

- GPA—My cumulative grade point average is below the minimum FASAP standard of 2.0.
- PACE—My cumulative attempted and completed credit hours is below the minimum FASAP completion rate of 66 2/3%.
- Maximum Credits – I have exceeded the maximum attempted credits needed to complete my degree.

**The following must be completed and attached with the appeal form, any appeal submitted without the requested documentation will be denied.**

1. Attach a written explanation of your extenuating circumstance and how it impacted your academic performance. Explain how the situation has been resolved and the steps you have taken to ensure future academic success.
2. Attach any supporting documentation that supports your extenuating circumstance.  
 Supporting documentation includes, but is not limited to, the following:
  - Medical Condition – a physician's or health care provider's statement confirming your medical condition and that (s)he medically supports your decision to continue your enrollment.
  - Death of a Family Member – a copy of the death certificate or obituary.
  - Divorce/Separation – court documents.
  - Military Service – official military orders.
3. Plan of Study completed by the Academic Advisor (or other designated official).

*I understand that if my financial aid eligibility is reinstated, I am expected to meet the following conditions for the term of my probation: 1) I must earn a C (2.0) or better in every class that I enroll in, 2) I must complete 100% of the credits I attempt, 3) If I'm on a plan of study for maximum credits attempted, I will enroll in only the courses needed to complete my degree. Failure to meet the above requirements will mean my financial aid eligibility will be terminated.*

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

\_\_\_\_\_  
 Date

## Plan of Study

To Be Completed by the Academic Advisor (or other designated official):

\*Number of remaining credit hours needed for graduation: \_\_\_\_\_

\*If student is appealing maximum credits, please include all courses needed to graduate. If student is appealing GPA or Percentage of Credits Completed, please submit a plan of study for the next 4 terms.

List the courses the student needs to complete his or her degree

<i>TERM</i>	<i>SUBJECT &amp; CATALOG # (i.e ENGL 300)</i>	<i>CREDIT HOURS</i>
Fall		
Spring		
<i>TERM</i>	<i>SUBJECT &amp; CATALOG # (i.e ENGL 300)</i>	<i>CREDIT HOURS</i>
Fall		
Spring		
<i>TERM</i>	<i>SUBJECT &amp; CATALOG # (i.e ENGL 300)</i>	<i>CREDIT HOURS</i>
Fall		
Spring		
<b>TOTAL CREDITS:</b>		

\_\_\_\_\_  
Advisor/Other Official Name (Please Print)

\_\_\_\_\_  
Academic Unit/Department

\_\_\_\_\_  
Advisor/Other Official Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Email