



SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Financial Aid Office

4240 Campus Drive Lima, OH 45804 | (419) 995-8802 | Fax (419) 995-8112 | FinAid@RhodesState.edu | www.RhodesState.edu

SECTION A - Section A: Student Information and Reason for Appeal

Student's Full Name

Student ID (R#)

Permanent Street Address

Rhodes State Student Email

City, State, Zip

Phone

Current Major

Credits remaining to completion

Expected Graduation Date

Semester for appeal approval:

Fall 20____ Spring 20____ Summer 20____

If you have two previously approved appeals, you are not eligible for a third appeal.

Important Deadlines:

November 1
Fall Term Aid

April 1
Spring Term Aid

July 1
Summer Term Aid

Indicate the type of appeal you are submitting:

- I did not successfully complete at least 67% of my attempted credit hours in each of the previous two terms
- I did not meet the minimum cumulative 2.0 GPA requirement for the previous two terms
- I have exceeded or will complete my program beyond the maximum timeframe

Indicate which circumstance below prevented you from maintaining SAP requirements:

- Personal Illness or Injury - please attach medical records or a doctor's letter on doctor's letterhead - *must include date of illness or injury*
- Illness of Family Member - please attach medical records or a doctor's letter on doctor's letterhead - *must include date of illness or injury*
- Death of Family Member - please attach obituary, funeral program, or death certificate - *must include date*
- Required Court Dates - *please attach court documents*
- Other Unavoidable Event - *please attach third party documentation of event on organization letterhead from a licensed counselor, social worker, pastor, teacher, etc. - no family members*

Please submit the following:

- **Appeal Form:** Student and advisor signatures are required on page 2
- **Personal Statement:** A typed and signed statement, must include:
 - The reason(s) you failed to meet SAP standards; and
 - What has changed that will allow you to meet SAP standards by the end of the semester; and
 - What steps you will take to improve your academic performance.
- **Documentation:** Attach documentation to support all extenuating and/or unusual circumstances detailed in your letter. Appeals will be denied without appropriate documentation.
- **Educational Planning Form:** Required with maximum timeframe appeal or if you cannot meet SAP requirements after one term. An appointment with Academic Advisor/Faculty Advisor required. All educational plans must show a term-by-term schedule with graduation date or term you will meet SAP. Students must follow the plan during the period(s) of appeal. Deviation from this plan will result in suspension of federal financial aid.





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SECTION B - Student Certification

I understand:

- I am limited to two (2) approved SAP appeals at Rhodes State College.
- Policy will not allow aid to be reinstated for prior terms if ineligibility was due to violation of SAP standards.
- If I am currently registered for classes, I am responsible for paying tuition and fees in full or making payment arrangements with the Business Office while my appeal is reviewed. If my appeal is denied, I may be responsible for all tuition and fees for that term.
- If my SAP Appeal is approved, my reinstatement for financial aid is effective for the current term or subsequent term for which I am registered. Furthermore, I must successfully complete ALL courses for which I am registered.
- If I fail to meet the SAP requirements during the term in which my financial aid is reinstated, a suspension status will be applied and I will again lose my financial aid.
- I must follow my Educational Planning Form and all other appeal conditions to maintain future eligibility.
- Once all documentation has been submitted, the appeal may take up to 14 business days to process. I will receive written notification of the result of my appeal.
- Providing false, misleading or partial information to obtain additional financial aid could result in suspension of all aid and could lead to repayment of funds and/or prosecution by the Inspector General.

By signing below, I certify that I have read, understand and agree to the information on this form. I also certify that all information submitted with this appeal is accurate and true, to the best of my knowledge, that all copies are unaltered, and all documentation has been appropriately obtained. I understand that monetary or criminal penalties may be imposed for fraud committed in relation to obtaining Federal Financial Aid.

Student Signature

Date

SECTION C - Academic/Faculty Advisor Certification

- Can the student reasonably meet Satisfactory Academic Progress for reinstatement at the end of the term being appealed (2.0 cumulative GPA AND 100% term completion rate)? Yes No
 - If NO, complete a term-by-term educational plan to include classes needed until the student reaches SAP requirements.
 - If appealing for maximum timeframe, a detailed term-by-term educational plan, including anticipated graduation term, is required.
- What steps will the student be taking to ensure they can meet graduation requirements?

Advisor Signature

Date

Return this form and all documentation to:

Rhodes State College, Financial Aid Office
 4240 Campus Drive, Lima, Ohio 45804
 Phone: 419-995-8802 Fax: 419-995-8112 Email: FinAid@RhodesState.edu





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Your academic/faculty advisor, as part of the appeal process, must complete the educational plan if:

1. You cannot successfully meet SAP requirements after one term; or
2. You have or will have exceeded the maximum timeframe (150%) to complete your degree

You will be required to follow the plan as outlined in order to retain your financial aid.

Complete the educational plan through graduation or the term the student will successfully meet SAP requirements.

Term _____	Yr. _____	Credits

Term _____	Yr. _____	Credits

Term _____	Yr. _____	Credits

Term _____	Yr. _____	Credits

Term _____	Yr. _____	Credits

Term _____	Yr. _____	Credits

Term _____	Yr. _____	Credits

Term _____	Yr. _____	Credits

Anticipated graduation term OR term the student will meet SAP standards: _____

The signatures below certifies the student agrees to this educational plan. It is the responsibility of the student to follow and successfully complete this plan or notify the Financial Aid Office of any changes. Failure to meet the educational plan may result in suspension of financial aid.

Student Signature

Date

Advisor Signature

Date

