



# Satisfactory Academic Progress (SAP) Appeal for Financial Aid Reinstatement

Office of Student Financial Assistance

A Satisfactory Academic Progress (SAP) Appeal for Financial Aid Reinstatement must be submitted to our office when requesting consideration of extenuating circumstances that have affected the student's ability to meet the SAP policy. The outcome of the review will depend upon the nature of the extenuating circumstances and whether it is sufficiently documented. An appeal for the same extenuating circumstance will not be considered more than once. To initiate the appeal process, please complete, sign and submit this form along with **all** of the following.

**All documentation necessary to review the appeal must be received at least two weeks prior to the end of the academic period for which the student is appealing. Appeals submitted after this date may not be able to be processed in time to award aid for the term in question.**

Student's Name: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>MI</span> </div>	CUA ID: _____	Graduate Undergraduate
<p><b>Complete the semester for which aid reinstatement is requested:</b></p> <div style="display: flex; justify-content: space-around; text-align: center;"> <span><b>Fall</b></span> <span><b>Spring</b></span> <span><b>Summer</b></span> <span><b>Year 20 ____</b></span> </div> <p>A typed, detailed explanation of the extenuating circumstance that affected your ability to maintain the required SAP standards. Please be specific in explaining the reason for withdrawing, not completing, or failing to earn a satisfactory grade for courses.</p> <p>Complete documentation of your extenuating circumstance. An appeal will be automatically denied if documentation is not submitted.</p> <p>A typed, detailed explanation of what has changed that now allows you to comply with SAP standards. Provide a statement of your academic objectives and a plan for corrective action.</p> <p>I certify that the information reported for my appeal request is accurate and true. I understand that I have one opportunity per term to appeal my SAP status and that the decision of the Office of Student Financial Assistance Appeals Committee is final. <u>I understand that if my appeal is approved that I will be on Financial Aid Probation and must satisfy the conditions set forth in my Probation and/or Academic Plan to continue my eligibility for financial aid.</u> I also understand that my progress will be measured at the end of each academic term until I am once again meeting all minimum SAP policy requirements. Furthermore, I understand that if I fail to meet the requirements set forth under my Academic Plan, I will be placed on Financial Aid Suspension.</p> <p>Student's Signature: _____ Date: _____</p> <p style="font-size: small; text-align: center;">NOTE: Signature must be handwritten. Computer fonts not acceptable.</p>		

**Priority Processing Deadlines: Fall (August 1st) Spring (December 1st)**

**USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:**

MAIL or IN-PERSON	FAX	EMAIL
The Catholic University of America Father O'Connell Hall, Suite M300 620 Michigan Avenue, NE Washington, DC 20064	202-319-5573	CUA-FAFORMS@CUA.EDU