

FINANCIAL AID OFFICE

500 East College Street Marshall, MO 65340 (660) 831-4116 | Fax: (660) 831-4003 financialaid@moval.edu

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

This form is used only to appeal for a temporary waiver of the guidelines established by the Financial Aid Office to evaluate your academic progress. These guidelines are not necessarily the same as the academic guidelines of the College or department.

Submit this form, *along with the required items listed*, to the Financial Aid Office. Incomplete appeals, including those submitted without supporting documentation will not be reviewed. All statements provided should be <u>TYPED</u>. All appeals must be submitted prior to the next enrollment period. Late appeals are not accepted unless extenuating circumstances can be documented.

Last Name		First Name	M.I.	Term which you are appealing	Date of Birth		
Phone Number		Cell/Alternative Phone Number	E-mail Addre	ss SI	tudent ID Number		
Please	indicate the type of appea	al you are filing (select <u>a</u>	ı <u>ll</u> that appl	у):			
	I have not successfully completed at least 67% of my attempted credit hours						
	My cumulative GPA is below the standard						
∐ Ih	ave attempted more than 18	30 credit hours					
Please	indicate the reason you a	re filing this appeal (sel	ect all that	apply):			
	Medical: Significant medic should include birth certification				gress. Supporting documentation		
				ry academic progress. Supp gram, physician statement, c	porting documentation should counselor statement, court		
		g circumstance(s) must be			THE STUDENT'S CONTROL. NOT include lack of motivation,		

Please note: lack of supporting documentation will result in your appeal being denied.

During the review, some of the factors that will be considered are:

- Validity of the reason(s) for failing to meet the minimum SAP standards.
- Resolution of the problem(s) leading up to failing to meet SAP standards.
- Prior academic history (credits earned vs. credits attempted, GPA, number of repeats, etc.).
- Meetings, or lack thereof, with your academic advisor along with their notes, comments, and/or recommendation.
- Demonstrated motivation to succeed.
- Likelihood of future success.

This is a two-page document. Both pages must be completed prior to processing.

- Quality of appeal.
- Quality and thoroughness of supporting documentation.

APPEAL REQUIREMENTS AND GUIDELINES

To appeal, submit the items below while following the provided guidelines for each item.

- ✓ Provide a TYPED statement describing the reasons and the circumstances that caused you to fail to meet the required minimum standards. Be specific in your explanation since incomplete information may result in the denial of your request. Remember, the reason(s) provided must match one of the qualifying appeal categories. Your attention should be focused on the particular terms and/or courses you did not successfully complete (withdraw and other non-passing grades).
- ✓ Provide a second TYPED statement outlining the SPECIFIC STEPS you intend to take in the next semester to improve your academic performance. This statement should be detailed and thorough, demonstrating your commitment to achieving the minimum standards.
- ✓ Provide a letter of support from an individual who is familiar with your circumstances. This letter must include the individual's name, relationship to you, phone number, and signature. This letter may come from a faculty member, advisor, clergy member, counselor, or otherwise informed individual who is knowledgeable of your situation. It is highly advised that this letter come from someone outside your immediate family.
- Complete the table below by listing the courses in which you plan to enroll for the next TWO academic terms. For example, if the appeal is submitted prior to the spring semester, the listed courses would be for the spring term and either the summer or following fall term (since summer is not a standard term). You are encouraged to meet with a faculty member or academic advisor for assistance in completing this progress plan.

Do not discuss your need for financial aid as part of your appeal rationale. It is assumed that any student filing an appeal is doing so based on their need for financial aid.

Appeal statements must be signed, dated, and attached to this completed appeal form.

ACADEMIC PROGRESS PLAN - REQUIRED

Term (e.g. Fall 2018):			
Course ID (e.g. MA 145-1)	Course Description (e.g. Intermediate Algebra)	Credit Hours	Expected Grade
		110010	
Term (e.g. Spring 2019):			
Course ID (e.g. MA 145-1)	Course Description (e.g. Intermediate Algebra)	Credit Hours	Expected Grade
	SIGNATURE - REQUIRED		
		. , .	
-	ocumentation I have submitted related to this appeal decision of the appeals committee is final.	is true and acc	urate to the best of my
	 -		
sudent signature	Student ID D	ate	