



**SATISFACTORY ACADEMIC PROGRESS (SAP)
APPEAL FORM**

708.534.4480
FAX 708.534.1172

Student Name: _____ GSU ID#: _____
(Please Print) first last

Current Address _____ City/State/ZIP Code _____

Telephone Number: _____ Term Appealing: _____

Undergraduate Graduate Anticipated Graduation Date _____

Have you submitted a SAP appeal before? Yes No If yes, what term and year? _____

Program of Study _____

This Satisfactory Academic Progress Appeal Form must be completed and submitted with your typed letter of appeal for reconsideration to reinstate your financial aid. You are allowed one appeal per program. Completing a SAP Appeal form does not guarantee approval. This form must be completed and submitted with the documentation outlined in the Satisfactory Academic Progress (SAP) Information Sheet.

All requests will be reviewed by the Financial Aid Satisfactory Academic Progress Appeal Committee. You will be informed of the decision in writing. Students whose appeals are denied will have all aid cancelled and will be responsible for paying for their classes or dropping them within the required refund period. Classes are not automatically dropped when financial aid is cancelled.

Student Signature: _____ Date: _____

The decision of the Financial Aid Satisfactory Academic Progress Appeal Committee is final.

DO NOT WRITE BELOW THIS LINE

Office of Financial Aid Use Only

SS4# _____

PROGRAM: UNDG GRAD DOC

College _____ GSU hours earned _____ Grade Point Average _____

Major _____ GSU hours attempted _____ Completion Ratio _____

Reason for Cancellation: Completion Ratio GPA Maximum Time Conditions Not Met

Previous Appeal Approval No Yes If yes, what term? _____

Previous Appeal Denial No Yes If yes, what term? _____ Staff initials _____

Comments: _____

D SA LTA TBTC TBTT NW SP MWA AI

Decision Letter: _____