



2010-2011 ACADEMIC YEAR

APPEAL OF SATISFACTORY ACADEMIC PROGRESS (SAP) DETERMINATION

STUDENT: \_\_\_\_\_ OSU ID# \_\_\_\_\_

Use this form if you are appealing the cancellation of your financial aid due to failure to meet Satisfactory Academic Progress requirements. If you are appealing for additional maximum time frame hours only, please use the *Appeal for Additional Maximum Time Frame Hours* rather than this form. Before completing and submitting this appeal, please review the SAP policy to ensure you have met the necessary requirements. Lack of knowledge of the policy will not be grounds for the approval of an appeal. For more information please see <http://sfa.osu.edu/howtokeepit/>, and then click on the SAP tab.

**REQUIREMENTS FOR COMPLETING THE APPEAL PROCESS**

- **A personal statement is required.** Detail the circumstances which prevented you from maintaining Satisfactory Academic Progress. Address any quarters that were not completed successfully and explain the steps you have taken to improve your academic record.
- **Provide documentation or statements that support your situation.** Include supporting statements on official letterhead from professional persons familiar with your situation, such as: a counselor with the Office of Disability Services, the Student Advocacy Center, or other counseling offices/agencies; a physician; or your employer. Additional documentation may include police reports, medical documentation, death notices, transcripts from previous universities, or other documents that support your situation. **Failure to substantiate your situation will result in your appeal being denied for lack of documentation.**
- **Meet with your advisor to complete the enclosed *Academic Timeline Form*.** This form is required and must be completed with an academic advisor or dean in your college office. If you are pursuing a double major or dual degree, please have an academic timeline completed for each major.
- **Meet with a Student Services Specialist** in the Student Consolidated Services Center (located in the Student Academic Services Building at 281 W. Lane Ave), or a financial aid counselor if you attend an extended campus, to review your appeal. The appeal **must** be signed by the specialist/counselor prior to submitting the appeal to SFA. Failure to obtain the required supporting signature will delay the processing of your appeal.

This appeal and all supporting documentation must be submitted to the Office of Student Financial Aid by the following deadline dates in order to be reviewed prior to the start of the quarter:

**Summer Quarter:** May 14    **Autumn Quarter:** August 6

**Winter Quarter:** December 3    **Spring Quarter:** February 18

Appeals received on or before the second Friday of the quarter will be reviewed to receive aid for the current quarter. Appeals received after the second Friday of classes will be reviewed to receive aid for the following quarter.

**Fee Payment deadlines will not be extended and late fees will not be waived while your SAP Appeal is being reviewed.**

You are responsible for making full payment of your fees by the due date.

**CERTIFICATION STATEMENT**

I have read the requirements for completing the appeal process and certify that all of the information I have provided is true and complete to the best of my knowledge. If necessary, I agree to provide further proof of the information that I have submitted.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Services Specialist/Financial Aid Staff Signature (Please print name also)

\_\_\_\_\_  
Date

