GUIDELINES

Students failing to meet SAP requirements may appeal this determination to the Satisfactory Academic Progress Appeals Committee in the Office of Student Financial Aid.

Please read and submit the appeal by the appropriate semester final deadline. If the appeal is not received by the semester final deadline, the appeal will be processed for the following semester.

Semester Submission Deadlines

Fall Semester Priority Deadline: July 16  
Spring Semester Priority Deadline: November 19
Fall Semester Final Deadline: September 30  
Spring Semester Final Deadline: February 25

An appeal must be based on significant mitigating circumstances

- You must complete all sections of the appeal (I – V).
- Attach a statement of explanation with corresponding dates and documentation to support your appeal.
- Completed forms will be reviewed within 30 business days.
- Retain this instruction sheet and keep copies of your documents for your records. The Office cannot return documents or provide copies at a later date. Place student’s panther ID Number on all documents.
- Incomplete information or documentation will be denied.

*NOTE: Academic Renewal Students- All hours are included in the Satisfactory Academic Progress calculation.

For additional information visit us on the web at http://sfs.gsu.edu/sap

Circumstances that may be considered mitigating with supporting documentation

1. Medical emergency or health issues affecting student or family.
2. Death of immediate family member (parent, spouse, sibling, child).
3. Divorce experienced by you or your parent.
4. Significant trauma in student’s life.
5. Other significant unexpected and documented circumstances beyond the control of the student.

Changes in major and double majors are not viewed as mitigating circumstances, since the standard is quite generous in the time frame allowed to complete a degree.

Documentation may include, but is not limited to, one or more of the following:

1. Statement from your doctor on letterhead and signed by the doctor.
2. Death certificate or obituary (include relationship to student).
4. If you were granted an Emergency Withdrawal (EW), include in your appeal letter. Include copies of EW documents.
5. All students must complete the Academic Review: See Section III.

If you did not have any mitigating circumstances which prevented you from meeting Satisfactory Academic Progress, you may regain financial aid eligibility by using your own resources to attend and complete coursework until you meet the standards.

SUBMISSION OF AN APPEAL DOES NOT GUARANTEE APPROVAL

PLEASE PLAN TO PAY YOUR TUITION & FEES THROUGH OTHER RESOURCES WHILE YOUR APPEAL IS UNDER REVIEW
This appeal is only for students who do not meet the standard of satisfactory academic progress and have mitigating circumstances to appeal. Complete all sections of the appeal (I-V).

Completed forms will be reviewed within 30 business days. Written notification of the decision will be mailed.

STUDENT INFORMATION

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<th>Student's Last Name</th>
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Address

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SECTION I

Please indicate the mitigating circumstances that have contributed to your inability to maintain SAP by checking the category that applies to you. Event dates must correspond. Follow the instructions for the category. The appeal and documentation must be submitted as a complete package. Incomplete appeals will be denied.

☐ Serious illness, accident or injury, to student or immediate family member (parent, spouse, sibling, child).
  Write a detailed statement of the circumstances. Attach supporting documentation; physician’s statement, police report or other documentation from a third party professional, etc.

☐ Death of an immediate family member (parent, spouse, sibling, child).
  Write a detailed statement of the circumstances; include the name of the deceased and relationship to you. Submit a copy of the obituary and/or death certificate.

☐ Divorce experienced by you or your parent.
  Write a detailed statement of the circumstances. Attach an attorney’s letter on law firm’s letterhead or copy of divorce decree.

☐ Significant trauma in student’s life that impaired the student’s emotional and/or physical health.
  Provide a detailed explanation regarding the specific circumstances of your condition. Include dates and what you have done to overcome your condition. Attach supporting documentation from a third party; physician, social worker, counselor, police, attorney, etc.

☐ Other significant unexpected and documented circumstances beyond the control of the student.
  Write a detailed statement of the circumstances, include dates. Attach supporting documentation from a third party; physician, social worker, counselor, police, attorney, etc.
SECTION II
Please provide the following information as part of your appeal. Include additional sheets if needed.

1. Please write a statement explaining the mitigating circumstances that have contributed to your inability to maintain SAP. Include corresponding dates of circumstances and attach documentation to support your appeal.

2. Write a statement indicating what has changed in your situation that would allow you to demonstrate satisfactory academic progress at the next evaluation.

3. Include a detailed plan of action that you are taking to ensure you will meet SAP standards.
SECTION III
Academic Review

1. The Academic Review must be completed by the student. This section is completed to determine your opportunity for meeting the SAP standards and to support your appeal for reinstatement of financial aid eligibility.

Anticipated Graduation Date: ________________________________

Major: __________________________________________________

Student’s cumulative GPA_____________________

Number of remaining credit hours needed to complete degree: _______________________

Are you completing a dual degree? Yes No

Did you have a change of major? Yes No

Could you graduate now with the completed credit hours currently on file? Yes No

SECTION V
I have read all the information provided in this appeal and have completed sections I – III.

Certification Statement:
I declare under penalty of perjury that the information I provide for this petition is true and correct.

Student’s Signature ________________________________ Date____________________

WARNING
Purposely giving false or misleading information to gain federal or state funding may result in a fine, jail sentence or both.

Return this form to:
OFFICE OF STUDENT FINANCIAL AID
P.O. Box 4040 Atlanta GA 30302-4040
Phone: 404-413-2600 Fax: 404-413-2102

ENROLLMENT SERVICE CENTER (ESC)
Sparks Hall……Room 227