

Satisfactory Academic Progress Appeal Form for Financial Aid

(Please print neatly – illegible forms will not be processed)

Name: _____ Student ID: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone: _____ Expected grad date: (month/year) _____

If you do not meet the Satisfactory Academic Progress requirements, you may appeal the loss of your Title IV (federal) and University financial aid eligibility provided you can describe and document an extreme circumstance or situation beyond the scope of your control that contributed to you failing to meet the established SAP requirements. If such mitigating circumstances can be documented for the specific term or terms in which the deficiencies occurred, then you may submit this completed appeal form, along with your written appeal and supporting documentation, to the Financial Aid Office.

Appeal Process and Form Instructions

1. Complete this appeal form to present and to defend your case thoroughly. Your appeal form must contain:

- a detailed explanation of the situation that caused your deficiency;
- documentation that supports the explanation given for the basis of your appeal;
- an explanation of the measures you have taken or will take to ensure that you will meet the established SAP requirements in the future.

Incomplete or unsigned forms and those submitted without supporting documentation WILL NOT be processed.

2. Return your completed appeal to the Financial Aid Office, 450 Schoolhouse Road, 114 Blackington Hall, Johnstown, PA 15904 as soon as possible, **but no later than the 60% point of the term in which you are seeking financial aid.**
3. The Appeals Committee will review your appeal and supporting documentation and will notify you of the outcome via your Pitt email account. An appeal reviewed by the Appeals Committee does not guarantee reinstatement of financial aid.
4. All appeal decisions made by the Appeals Committee are final and apply to your financial aid status only (academic appeals are a separate process altogether).

Written Appeal Process

1. Check the circumstance that applies to the reason for your SAP deficiency:

____ Personal illness or injury sustained by the student. Include appropriate medical documentation to support your case.

____ The death, serious illness or injury of an immediate family member. Indicate your relationship to this family member, and include a death certificate, obituary announcement, or other documentation that would support your case.

____ Other extraordinary circumstances that prevented you from attending classes and/or successfully completing coursework. You must be able to sufficiently document the circumstance you cite for the basis of your appeal. Supply as much documentation as you feel is needed to support your situation—remember, this is your only chance to present and to defend your case

____ I have exceeded the 150% timeframe without completing my degree. I understand, in addition to this appeal form, that I must also complete the Maximum Timeframe Completion Plan, which will be provided to me by the Financial Aid Office, to have my appeal considered under this basis.

2. On a separate, typewritten page or pages, explain, in detail:

- your extenuating circumstance(s) and why it caused you to fail to meet the SAP requirements. Provide the dates in which your situation occurred, and address all terms with deficiencies, including all withdrawals and failing and/or incomplete grades that have caused you to fall below the 67% completion rate and/or the required cumulative grade point average.
- the measures you have taken or you will take to ensure that you will meet the SAP requirements in the future. Be sure to note any changes to your situation and how these changes will allow you to complete your course requirements successfully in order to achieve satisfactory academic progress.

Student Certification

I certify that all of the information I have provided for this appeal is complete and accurate.

If this appeal is approved and it is mathematically possible for me to meet the SAP requirements during a one-term probation period, I understand that I will be placed on financial aid probation and will receive financial aid for one term only. At the end of the probation term, I must meet the conditions of the financial aid SAP policy on my own accord; otherwise, I will not be able to receive Title IV or University-sponsored sources of financial aid until I regain financial aid eligibility by meeting the SAP requirements on my own accord. In most cases, I will not be given the opportunity to submit another appeal.

If this appeal is approved and it is not mathematically possible for me to meet the SAP requirements during a one semester probation period, I may choose to accept the terms and conditions of an academic plan to regain my financial aid eligibility. I understand that entering into an academic plan is entirely optional.

If this appeal is denied, I understand that this decision is final, and I will be ineligible to receive Title IV and University-sponsored sources of financial aid until I regain financial aid eligibility by meeting the SAP requirements on my own accord. I may still enroll in the PittPay Payment Plan and/or seek an alternative loan through a lender that does not require SAP should I need assistance with paying for my education.

In addition, I am aware of and understand the exceptions to an appeal approval as noted below:

- Students who were awarded a University scholarship must also maintain a 3.0 cumulative grade point average for the scholarship to be renewed. This requirement cannot be appealed.
- Students who were awarded a Pennsylvania Higher Education Assistance Agency (PHEAA) grant must meet the academic progress standards established by the Commonwealth of Pennsylvania to maintain grant eligibility. Requests for reinstatement of a PHEAA grant is not covered by this appeal.
- Students who were awarded financial aid by departments or organizations outside the Financial Aid Office are not covered under this appeal.

Student's Signature _____ Date _____

Submit completed form along with your written appeal and supporting documentation to:

University of Pittsburgh at Johnstown
Financial Aid Office
450 Schoolhouse Road
114 Blackington Hall
Johnstown, PA 15904

For office use only:

___ Grant ___ Deny Brief explanation: _____
_____ Initials _____ Date _____

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_____ Initials _____ Date _____

___ Grant ___ Deny Brief explanation: _____
_____ Initials _____ Date _____

Action Taken

Appeal Approved: _____ Probationary semester: Summer 20_____, Fall 20_____, Spring 20 _____

Appeal Denied: _____ Comment for appeal denial: _____