



SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Return to: Financial Aid Office
130 Hyer Hall
800 W. Main St
Whitewater, WI 53190

Office: (262) 472 – 1130
Fax: (262) 472 – 5655

COMPLETE ALL FIVE STEPS

Step One: Student Data Section

Name: _____ ID Number: _____

Telephone: _____ Undergraduate Graduate Special

Mailing

Address: _____
Street City State Zip

Please check term of appeal: Fall Spring Summer Winterim Year: _____

Please note: All the materials for your SAP Appeal should be turned in as one package in the following order: SAP Appeal Form, Personal Statement, Supporting Documentation, and Unofficial Transcript.

Step Two: Personal Statement

Please answer the following questions. Use a separate sheet of paper, a one sentence response is not acceptable. *This information will remain confidential.*

1. Explain the extenuating circumstances that prevented you from meeting the minimum credits, exceeding maximum number of credits and/or cumulative GPA required for maintaining financial aid eligibility. Include relevant dates.
2. Indicate what circumstances have changed that will allow you to maintain financial aid eligibility for the requested and future term. What changes have you made to ensure that you will successfully complete the required credits and/or GPA needed to maintain satisfactory progress in the future?

Step Three: Documentation

Provide third-party documentation on professional letterhead to support your appeal. A third-party is someone not related (clergy, social worker, case worker, counselor, doctor) who is familiar with your situation and can support the reason for appeal. Documentation should include relevant dates. It should also state whether the problem has been resolved and give a professional opinion regarding student's ability to return to school. *See page three for more information.*

Step Four: Unofficial Transcript

Every student is required to submit a copy of his/her Unofficial Transcript. This form can be found by logging onto WINS and clicking *My Academics* to the left of your Class Schedule. To the right of Degree Progress is a link called *View my unofficial transcript* that takes you to a page on which you can select the *Academic Institution* (UW-Whitewater) and *Report Type* then press *go*.

Step Five: Certification

Please indicate the mitigating circumstances that have contributed to your inability to maintain SAP:

- Serious illness or injury to student or immediate family member (parent, spouse, child) that required extended recovery time.
- Death of an immediate family member.
- Significant trauma in student's life that impaired the student's emotional and/or physical health.
- Other unexpected documented circumstances beyond the control of the student.
- None of the above. Explain circumstances in Personal Statement.

I certify that all information and documentation I have submitted pertaining to this appeal is true. I understand that the decision of the Financial Aid Appeal Committee is final.

Signature

Date

For Office Use Only

Reason:

- Cumulative GPA _____
- Pace _____% credits in _____
- Time Frame _____ credit attempts
- Academically Dismissed; Reinstated: _____/_____/_____

Number of Semesters at UWW: _____ Transfer Credits: _____

Application Status: Complete & ready for meeting Pending- Missing Information

Financial Aid Appeals Committee Decision:

- Approved w/ Requirements
- Approved Automatic
- Approved for _____ credits
- Approved w/o Requirements
- Denied

Financial Aid Eligibility:

- Pell Grant: Academic Year Fall Spring Summer
Loans: Academic Year Fall Spring Summer

APPEAL DOCUMENTATION

Circumstance		Documentation
Work Related	Required overtime, required schedule change	<ul style="list-style-type: none"> • Letter from employer including effective dates(s) and whether the increase in hours was mandatory
	Reduced hours resulting in increased childcare need, layoff, job loss	<ul style="list-style-type: none"> • Letter from employer • Separation letter
Medical Condition	Serious illness or change in health status	<ul style="list-style-type: none"> • Letter stating doctor advised period of home rest • Record of doctor visits
	Surgery/Hospitalization	<ul style="list-style-type: none"> • Letter stating doctor advised period of recovery • Record of doctor visits • Hospitalization records • Copies of medical bills documenting illness/injury
	Mental Health Issue	<ul style="list-style-type: none"> • Letter from doctor, therapist or counselor
	Dental emergency	<ul style="list-style-type: none"> • Record of dental visits • Letter from dentist • Letter stating dentist advised period of recovery
Student's Children	Child's Medical Condition	<ul style="list-style-type: none"> • Records from daycare/school that child was required to be kept home (Include in appeal the reasons that alternative care was not available and what the plan is if this should occur in the future.) • Records from doctor visits • Letter stating doctor advised period of recovery • Hospitalization records
	Daycare Issue	<ul style="list-style-type: none"> • Letter from former daycare provider • Letter from new daycare provider
Additional Circumstances	Death of a loved one	<ul style="list-style-type: none"> • Obituary • Funeral program • Letter from counselor • Documentation should include date and indicate relationship to the deceased
	Eviction	<ul style="list-style-type: none"> • Eviction notice • Letter from transitional housing program
	Assault/Domestic Violence	<ul style="list-style-type: none"> • Police report • Court documentation • Letter from clergy, social worker, counselor, doctor

Please provide any additional documentation that supports your appeal

Note: Letters from medical professionals should also state whether the problem has been resolved and give a professional opinion regarding student's ability to return to school.