2011-2012 SATISFACTORY ACADEMIC PROGRESS APPEAL FORM
Indiana University of Pennsylvania

Complete this form and attach your **signed** personal statement of 250 words or less describing the reasons and/or circumstances surrounding your lack of sufficient progress. Follow further instructions on page 2.

Name _____Date_____

Student ID Number_____ IUP Email Address _____

Home Address _____
(Street)

_____
(City) (State) (Zip Code)

Home Phone (_____)_____ Cell Phone (_____)_____

Campus Address _____

Last semester of attendance at IUP _____

Status (please check): Undergraduate Student _____ Graduate Student____

Have you filed an Insufficient Progress Appeal form in a prior academic year? Yes____No____

If yes, list academic year(s)_____

Submission Dates*: **July 1, 2011** and **August 2, 20011** for Summer and Fall Term Consideration
September 1, 2011 and **November 1, 2011** for Fall Term Consideration
December 1, 2011 and **February 1, 2012** for Spring Term Consideration

***Submission Dates: The Committee meets twice per semester. The date you submit your application will determine at which meeting your appeal will be reviewed.** If an appeal is submitted after the last submission date of a particular term, your appeal review will be delayed until the following semester. This means that you should make other financial arrangements to continue your enrollment while your appeal is being considered.

Return completed appeal form with attached letters and documentation to:

Patricia C. McCarthy, Director of Financial Aid
Chairperson, Financial Aid Appeals Committee
Indiana University of Pennsylvania
Clark Hall
1090 South Drive
Indiana, PA 15705-1093
724-357-2218 (office)
724-357-2094 (fax)

To appeal, you must check each item and sign at the bottom**:**

1. ___ **Attach your signed, *typewritten*, personal statement of 250 words or less, describing the reasons and/or circumstances surrounding your lack of sufficient progress**. Focus on the particular academic terms and/or courses for which you registered but did not earn sufficient credits. Be specific and concise in your explanation.

2. ____ **All extenuating circumstances must be verified with appropriate documentation.** If medical issues played a role in your lack of sufficient progress, you are required to attach supporting documentation from your health care provider that clarifies your situation. If the medical issue was that of an individual in your life and not your own medical issue, you are required to attach supporting medical documentation of that individual's health situation. Likewise, if you had a death in your family, you must include appropriate verification (obituary, newspaper article, etc.).

3. ____ **If available, you should also provide a letter of support from an individual familiar with the circumstances surrounding your lack of sufficient progress.** This letter may be from a faculty member, advisor, assistant dean, associate dean, clergy, or other individual who is knowledgeable about your situation.

4. ____ **Do not discuss your need for financial aid as part of your rationale for reinstatement of Title IV Federal Student Assistance eligibility**. It is understood by the Financial Aid Appeals Committee that any student filing an appeal is doing so based upon financial need.

<u>Certification Statement</u>

I certify that I have read all the enclosed information and understand the following:

- Incomplete information will result in the subsequent request of required information and will cause a delay in the review of your appeal.
- Decisions will be made 2-4 weeks after each submission date, unless it needs to be reviewed by the Satisfactory Academic Progress Appeals Committee (please see Committee's review schedule on page one of this form).
- Results of your appeal will be available on URSA. Log into the Financial Aid section of your URSA record and go to "My Eligibility" and then to "Academic Progress".

I certify that the information provided is true and correct. I agree, if requested, to provide additional documentation to support the information submitted with this request.

_____ _____

Student Signature **Date**