

**SATISFACTORY ACADEMIC PROGRESS APPEAL FORM**  
**Indiana University of Pennsylvania**

Name \_\_\_\_\_ Student ID Number @ \_\_\_\_\_

Home Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ IUP E-Mail \_\_\_\_\_

Status (please check): \_\_\_\_\_ Undergraduate Student \_\_\_\_\_ Graduate Student

**Term of Appeal (the term in which you are requesting financial aid):**

\_\_\_\_\_ **SUMMER** \_\_\_\_\_ **FALL** \_\_\_\_\_ **SPRING** \_\_\_\_\_ **20** \_\_\_\_\_ **Year**  
*Deadline: July 15 November 15 April 15*

**Reason for appeal:** \_\_\_\_\_ **GPA** \_\_\_\_\_ **Pace (67% Passing)** \_\_\_\_\_ **150% Credits attempted**

**Please refer to this chart for what is needed to have a completed appeal.**

Check One:	Personal Statement (SIGNED):	3 <sup>rd</sup> Party Documentation Required:
_____ <b>Student Injury or Illness</b>	Explain the nature of your illness or injury (including dates) in your personal statement and <b>what has <u>changed</u></b> to now allow you to make progress. <b><u>Sign your statement.</u></b>	Attach a statement from the attending physician, therapist or counselor indicating when you were seen and the outcome. This letter must be on office <b>letterhead</b> and <b>signed</b> by the medical professional providing the statement. <i>We will <b>not</b> accept medical records or a prescription pad note.</i>
_____ <b>Death</b> of an immediate family member (Parent, Grandparent, Sibling or Child)	State the relationship of the deceased to you in your personal statement and <b>what has <u>changed</u></b> to now allow you to make progress. <b><u>Sign your statement.</u></b>	Attach a copy of the obituary, prayer card or other supporting documentation.
_____ <b>Illness or Injury</b> of an <b>immediate family member</b> (Parent, Grandparent, Sibling or Child)	State the relationship of the ill/injured person to you and explain the nature of the illness or injury (including dates) in your personal statement and <b>what has <u>changed</u></b> to now allow you to make progress. <b><u>Sign your statement.</u></b>	Attach a statement from the attending physician, therapist or counselor indicating when the family member was seen and the outcome. This letter must be on office <b>letterhead</b> and <b>signed</b> by the medical professional providing the statement. <i>We will <b>not</b> accept medical records or a prescription pad note.</i>
_____ <b>Other</b> special circumstance ( <b>beyond your control</b> )	In your personal statement explain the reason you failed to make satisfactory academic progress and <b>what has <u>changed</u></b> to now allow you to make progress.	The situation will determine who the professional is that can support your statement. The statement must be <b>signed</b> and on <b>letterhead</b> . This individual cannot be related to you. They must be knowledgeable of your situation and demonstrate that in their statement. Professionals may include faculty member, advisor, assistant/associate dean, dean, clergy, etc.

- ❖ Appeals based on your need for financial aid, previously diagnosed learning, mental health or other disability, lack of understanding of the financial aid Satisfactory Academic Progress (SAP) Policy, and not being prepared for college, are generally **NOT** examples of special circumstances for reinstatement of financial aid.
- ❖ Your personal statement should focus on the previous particular academic term and/or courses for which you registered, but did not earn sufficient credits, or earn the sufficient GPA. Be specific and concise in your explanation, especially with the time frame situations occurred. Make sure you **signed** your statement.
- ❖ You may review the Satisfactory Academic Policy on the Financial Aid website at [www.iup.edu/financialaid](http://www.iup.edu/financialaid).

### **Certification Statement**

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 my appeal.
  - I understand that I may be required to complete a Financial Aid Satisfactory Academic Progress Plan prior to a final determination.
  - I realize that my federal financial aid will be suspended immediately, if at the end of the next term in which I enroll (summer, fall, or spring):
    - I do not have a **cumulative GPA of at least 2.0 (UG) or 3.0 (GR)**.
    - I am not **passing 67%** of my cumulative attempted credits.
    - I have exceeded the **150% maximum** time frame for degree completion.
- OR**
- I am **not adhering** to my Financial Aid Satisfactory Academic Progress Plan.
  - The results of my appeal will be available in the “Finances” section of MyIUP under “Financial Aid Requirements”.
  - The **overall/final decision** of the appeal will be determined by the Financial Aid Appeals Committee.
  - The submission of an appeal **does not guarantee** the reinstatement of financial aid.

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**  
*(hand-signed)*

\_\_\_\_\_  
**Date**

Return (1) **signed completed** appeal form, (2) **signed** personal statement (3) **signed** supporting documentation to:

Financial Aid Office  
 Indiana University of Pennsylvania  
 200 Clark Hall  
 1090 South Drive  
 Indiana, PA 15705-1093  
 724-357-2218 (office) 724-357-2094 (fax)  
 financial-aid@iup.edu

***IMPORTANT: KEEP A COPY OF THIS FORM FOR YOUR RECORDS***

Processing can take up to **3 weeks** after all required documentation is received.

**Deadlines:          Summer-July 15          Fall-November 15          Spring-April 15**