In order to receive financial aid, students must demonstrate Satisfactory Academic Progress (SAP) toward the attainment of their medical degree. Students have the option to appeal financial aid from being cancelled by submitting a SAP Appeal Form. The information you provide on this form will enable the Financial Aid Committee to determine whether or not your request to receive financial aid for the upcoming academic year is approved or denied.

Notification of your appeal request will be sent to you within 10 business days from the date this form is received.

You have the right to appeal the cancellation of your financial aid if:

- Extenuating circumstances occurred that prevented you from doing as well as expected.
- You believe you will be able to make satisfactory academic progress if you were granted one academic year to prove yourself.

Please hand-deliver, mail, email scan or fax (students are required to confirm receipt) the form to:

Cooper Medical School of Rowan University, Office of Financial Aid
Kyhna Bryant, Assistant Director of Financial Aid
401 South Broadway
Camden, NJ 08103
Phone: (856) 361-2850
Fax: (856) 361-2828
Email: financialaid@coopermed.rowan.edu

Student Information (Please print your answers)

Academic Year: ____________________________

Student Name: ____________________________________________

Rowan ID#: ____________________________________________

Rowan Email: ____________________________________________

Student Explanation (Please print your answers)
Why were you unable to make satisfactory progress?

[Blank space for student's explanation]
Please explain the changes in your circumstances that will allow you to make satisfactory progress at the next SAP evaluation?

Explain why your SAP appeal should be approved?

Student Name (Please Print): ________________________________

Student Signature: _______________________________________

Date: __________________________________________________________________

For Financial Aid Committee use only:

Approve    Deny

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date: ______________________ Signature: ________________________________