OFFICE OF FINANCIAL AID
SATISFACTORY ACADEMIC PROGRESS APPEAL STATEMENT

General Information

1. You have the right to appeal the suspension of your financial aid if:
   a. You had extenuating circumstances that prevented you from doing as well as had expected.
   b. You think you can make satisfactory academic progress if you were given one more semester to prove yourself.
   c. You have had a grade change recently

2. Your appeal must be submitted in writing and must include the following as listed below:
   a. Include an explanation of your special circumstances and documentation of events and/or circumstances.
   b. Provide an explanation of actions taken to prevent reoccurrence of same event/circumstance.
   c. You must provide an academic plan that you have worked out with your academic advisor.
   The academic plan must be signed by you and your academic advisor:
      i. The academic plan must be for ONE semester only.
      ii. The name of your academic advisor must be legible.

   The Academic Success Center is located on the 3rd Floor of Savitz Hall, Suite 304.
   Monday-Friday 8:30am-4:30pm | successcenter@rowan.edu | (856) 256-4259

3. A committee will review your appeal and you will be notified of the decision within 2 weeks of our receipt of the appeal. If the committee grants your appeal, you can continue to receive financial aid for one semester. You will be considered under “Financial Aid Probation”

4. At the end of one semester of “Financial Aid Probation” you must either meet the satisfactory academic progress standards OR meet the requirements of your academic plan.

5. Your appeal for reinstatement of financial aid is independent of any action the academic departments may undertake. If you are also being academically dismissed by your College or by the University, you must deal with that fact separately. If your dismissal is suspended or reversed, please note that that decision does not affect your financial aid eligibility.
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Name: ___________________________ Banner ID: __________________

Year in School: ___________________ Expected Graduation Date: ___________

I wish to appeal the determination of my Unsatisfactory Academic Progress because:

[Provide a full explanation of events/circumstances that prohibited you from doing as well as expected.]

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Student’s signature: ___________________________ Date: ____________