Cooper Medical School of Rowan University

Medical Education Building 401 South Broadway, Camden, NJ 08103 Phone: (856) 361-2850 ~ Fax: (856) 361-2828 financialaid@coopermed.rowan.edu

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

In order to receive financial aid, students must demonstrate Satisfactory Academic Progress (SAP) toward the attainment of their medical degree. Students can appeal financial aid from being cancelled by submitting a SAP Appeal Form. The information provided on this form will enable CMSRU Financial Aid Services to determine whether a request to receive financial aid for the upcoming academic year is approved or denied.

Please submit this form to CMSRU Financial Aid Services. Students are required to confirm receipt.

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

nt Name	Student ID		Academic Year
nt Address (Street)	(City)	(State)	(Zip Cod
	(- 5)	()	()
nt Rowan Email	Student Phone Number		
JDENT EXPLANATION			
vide a detailed explanation for lack of satisfa	actory academic progress.		

STUDENT EXPLANATION (continued)

Explain the change in circumstances that will allow you to attain satisfactory progress at the next SAP evaluation.

Explain why your SAP appeal should be approved.

Student	Signature

Date (mm/dd/yyyy)

CMSRU FINANCIAL AID SERVICES USE ONLY

Approve
Comments:

Deny

Financial Aid Representative Signature