FINANCIAL AID
SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL PROCESS

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 you had expected.
   b. You believe you can make satisfactory academic progress if you were given one more semester.
   c. You have recently had a grade change.

2. Your appeal must be submitted in writing and must include the following:
   a. An explanation of your extenuating circumstances with supporting documentation.
   b. An explanation of actions you’ve taken to prevent reoccurrence of the same event/circumstance.
   c. You must complete an academic plan with your academic advisor. The academic plan must be signed by you and your academic advisor and submitted along with your SAP Appeal statement.
      1. The academic plan must be for ONE semester only.
      2. The name of your academic advisor must be legible.

   The University Advising Center is located on the 3rd Floor of Savitz Hall, Suite 323. The office is open Monday thru Friday 8:30 – 4:30. You can contact the University Advising Center by email at advise@rowan.edu or by phone at (856) 256-4459.

3. A committee will review your appeal and you will be notified of the decision within three weeks of the receipt of the appeal. If the committee grants your appeal, you may continue to receive financial aid for one semester, however 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 and/or the requirements of your academic plan.

5. Your appeal for reinstatement of financial aid is independent of any action that the academic departments may undertake. If you’re also being academically dismissed by your college or by the University, that must be handled separately. If your dismissal is suspended or reversed, please note that this decision does not affect your financial aid eligibility.
FINANCIAL AID
Satisfactory Academic Progress (SAP) Appeal Statement

Name: ___________________________  Banner ID: ________________

(Print)

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: ___________________