

Use this form if your financial aid eligibility has been terminated due to Satisfactory Academic Progress (SAP). You have an opportunity to appeal this decision. **Carefully read** and follow the instructions below. Appeals must be received by the deadline stated in the SAP letter you received.

1. Complete the [SAP Appeal Form](#) and write a **detailed letter of appeal**. This letter should include and describe the following points:

- Extenuating Circumstances that prevented you from meeting Satisfactory Academic Progress (SAP) standards. Examples of extenuating circumstances include, but are not limited to:
  - unexpected death or major hospitalization of an immediate family member
  - extended hospitalization or medical condition of student
    - +Work conflicts or lack of transportation to school are NOT considered extenuating circumstances. Change of major or pursuit of a double major are also not considered extenuating circumstances.
- Plan of Action to resolve the cause for the circumstance or unit deficiency and explain how it will not cause problems in the future.
- Your Contact Information
- Sign and date your letter of appeal. Make sure to include your PUID number.

2. Provide **copies of supporting documentation** such as doctors' letters or bills, death certificate, obituary, or college transcripts (for having to show progress towards SAP)

3. If a timeframe drop, complete a **Degree Audit** with your Academic Advisor.

4. Complete a **Plan of Study** with your Academic Advisor and submit all documents to the Financial Aid Office by the deadline.

**DO NOT SUBMIT YOUR APPEAL UNTIL YOU HAVE COMPLETED ALL OF THE ABOVE**

**After Submitting Your Appeal:** Your appeal will be reviewed within two (2) weeks of your submission date. The review of your appeal may take longer during peak periods. You will be notified via mail of the decision.

**During the review, some of the factors that will be considered are:**

1. Validity of the reasons for failing to meet the standards.
2. Resolution of the problems leading up to your failure to meet the standards.
3. Prior academic history.
4. Number of previous terminations and reinstatements, if applicable.
5. Your demonstrated motivation to succeed.
6. Likelihood of future academic success.
7. Number of additional semesters requested in order to graduate.
8. Quality and thoroughness of appeal and supporting documentation.

**Denied Appeals:** If your appeal is denied, you will be required to pay for your classes out of pocket. Payment plans are available through your Self Service Banner Account.

**Satisfactory Academic Progress Appeal Form**

**NAME:** \_\_\_\_\_ **PUID:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PURDUE E-Mail (required):** \_\_\_\_\_ **Appeal Term:** \_\_\_\_\_ **Fall** \_\_\_\_\_ **Spring** \_\_\_\_\_ **Summer**

An ineligible financial aid status can be appealed if you had extenuating circumstances such as personal illness or injury, or death of an immediate family member. Professional documentation of the extenuating circumstances is required. Note: A Warning Satisfactory Academic Progress status cannot be appealed. If appeal is approved, to receive financial aid beyond the first term, you must be meeting ALL conditions in your Academic Plan of Study. **All students will be notified of the Satisfactory Academic Progress Appeal approval/denial via U.S Mail.**

1. **On a separate piece of paper briefly describe any special circumstances that may have caused your academic performance to suffer or to be prolonged (personal, medical, family, academic, etc.)**
  - The special circumstances that affected your academic progress must have occurred during the semester that resulted in your becoming ineligible for financial aid.
  - Documentation is required to substantiate the special circumstances you have outlined (i.e. letters from your physician, academic advisor, instructor, counselor, employer, or minister.)
2. **Include your Academic Plan of Study and any steps you plan to take to correct any deficiency.**
3. **If a Timeframe drop, complete a degree audit form with your academic advisor.**

**Indicate below the Satisfactory Academic Progress status you wish to appeal:** (Check all boxes that pertain)

- Ineligible (Timeframe)** You failed to complete your degree within the established credit hour guideline as outlined in the Satisfactory Academic Progress Policy.
- Ineligible (GPA)** Based on your current grade classification your cumulative GPA is below the minimum requirement as outlined in the Satisfactory Academic Progress Policy.
- Ineligible (Completion Rate)** Your completion rate is less than the required minimum of 67%. (Your overall earned credit hours is less than .67 times your overall attempted credit hours.)

**CERTIFICATION STATEMENT:** *I certify that the information provided and all supporting documentation is accurate and complete to the best of my knowledge.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Return Appeal to: Purdue University North Central  
Financial Aid Office  
1401 S. US Hwy. 421  
Westville, IN 46391

**For Office Use Only:**

Approval – update ROASTAT to PROBPLAN \_\_\_\_  
Note RHACOMM & update requirement in RRAAREQ  
Complete and send letter to student \_\_\_\_

Denial – Note RHACOMM & update requirement in RRAAREQ  
Complete and send letter to student \_\_\_\_

**NORTH CENTRAL**

**Financial Aid Academic Plan of Study (Initial Plan)**

This academic plan is being executed to allow \_\_\_\_\_ to continue to receive Title IV funding at Purdue University North Central (PNC), this Academic Plan of Study will remain in effect until the time the student is either once again meeting Satisfactory Academic Progress (SAP) standards as established by the Financial Aid Office (FAO), or the student is unable to meet the terms of this plan and will again become ineligible to receive Title IV funding at PNC.

Please print.

Student: \_\_\_\_\_ PUID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Current Program of Study: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Current Completion Rate: \_\_\_\_\_ SAP Component at Issue: \_\_\_\_\_

Plan of Study Terms – This is to be calculated according to the particular component of SAP the student is currently not meeting.

**GPA Component** - If the student is not meeting the GPA component, please review and attach a copy of the student’s unofficial transcript and determine which classes will need to be retaken to correct the GPA deficiency.

**Completion Rate Component** - If the student is not meeting completion rate, please review and attach a copy of the student’s unofficial transcript and determine how many classes must be taken and completed for student to be meeting completion rate standards.

**Timeframe Component** - If the student is not meeting time frame standards, please review and attach a copy of the student’s unofficial transcript and determine how many classes must be taken and completed in order to fulfill their degree completion.

Calculations:

Semester enrollment will not exceed \_\_\_\_\_ credit hours during fall or spring. Summer enrollment will not exceed \_\_\_\_\_ credit hours.

Continued on reverse side

Courses student must complete during the first and second semesters (if necessary) of enrollment following execution of this agreement:

Term and Year _____	Grade Recd _____	Term and Year _____	Grade Recd _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Student's Responsibilities:**

1. I understand that my Title IV aid eligibility, including Pell Grant, State Grant, Direct Loans, and any other aid requiring Satisfactory Academic Progress standards to be met, will be reinstated upon my completion and agreement to the standards set forth in this Academic Plan of Study.
2. I understand that it is my responsibility at the end of each semester to initiate an appointment with the Financial Aid Office and my advisor to review my progress and ensure that I have fulfilled my obligation regarding this plan so my Title IV eligibility will continue until I am again meeting SAP standards.
3. I understand that if, at any point in the semesters this plan covers, I withdraw from any of the courses I have enrolled for or do not successfully complete those courses, I will again become ineligible for Title IV funding and must meet standards before I can again receive Title IV funding at PNC.
4. I understand that it is my responsibility to maintain my accurate contact information in the Registrar Office AND Financial Aid Office through the course of this Academic Plan of Study.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

## Plan of Study

List all coursework for which you are **currently registered**, starting with the appropriate box (i.e., Fall, Spring or Summer). Then, list all coursework for which you **plan to register in the future** in order to meet degree requirements. It is understood that some classes may vary based on availability. For each term, indicate the year and total semester hours. For each course, indicate course number, abbreviated course title and semester hour credit. In the final column, indicate if the course is needed to fulfill a major, minor, elective, or certification requirement for the degree. **To qualify for federal financial aid, you must enroll in at least 6 hours of coursework required for the degree or certification each semester.**

Fall _____ Semester			
Course No.	Course Title	Sem. Hours	Major Minor Elective or Certificate

Total Semester Hours: \_\_\_\_\_

Spring _____ Semester			
Course No.	Course Title	Sem. Hours	Major Minor Elective or Certificate

Total Semester Hours: \_\_\_\_\_

Summer _____ Semester			
Course No.	Course Title	Sem. Hours	Major Minor Elective or Certificate

Total Semester Hours: \_\_\_\_\_

Fall _____ Semester			
Course No.	Course Title	Sem. Hours	Major Minor Elective or Certificate

Total Semester Hours: \_\_\_\_\_

Spring _____ Semester			
Course No.	Course Title	Sem. Hours	Major Minor Elective or Certificate

Total Semester Hours: \_\_\_\_\_

Summer _____ Semester			
Course No.	Course Title	Sem. Hours	Major Minor Elective or Certificate

Total Semester Hours: \_\_\_\_\_