Satisfactory Academic Progress
Appeal Form

This form is used when a Professional and Liberal Studies student wishes to appeal his/her failure to maintain Satisfactory Academic Progress (SAP) for financial aid eligibility.

STUDENTS:
Complete, sign and submit this form and supporting documentation to the Professional and Liberal Studies Advising Office at plsadvising@sju.edu or by fax to 610.660.1264. Responses to the questions in section 2 must be completed on a separate typed document and submitted with your form.

Section 1: Student Information
Name: ____________________________________________  SJU ID: ______________________________
Telephone Number: ________________________________  Email: ________________________________
Major: ________________________________

I wish to appeal my SAP decision for Term/Year (e.g. Fall 2012): _______________

Section 2:
Answer the following questions on a separate Microsoft Word document, attach to this form and return to the Professional and Liberal Studies Advising Office at plsadvising@sju.edu or by fax to 610.660.1264.

a. Explain the extenuating circumstances that prevented you from being academically successful during your time at Saint Joseph’s University (be specific). Extenuating circumstances may include, but are not limited to: personal injury or illness; family issues/difficulties; personal problems; death of a relative; difficulty balancing responsibilities, etc. Please provide any documentation you have to verify your extenuating circumstances.

b. Explain what has changed in your life that will now allow you to be academically successful.

c. Explain the strategies you will utilize that will allow you to be academically successful at Saint Joseph’s University in future terms, if given the opportunity. Be specific and provide justification for each strategy. Your strategies might include, but are not limited to: a change of major (name a new major and explain why it is a better major for you); a commitment to seek tutoring or counseling; a commitment to join a study group; a commitment to spend a set number of hours per class studying each week, etc.

SECTION 3: Student Statement/Signature
I hereby request reinstatement of my financial aid eligibility (SAP). I understand the University has the final decision in all SAP appeals. I also understand and agree that I am bound by the conditions of this academic plan as part of this reinstatement and that I must comply with all of the conditions and restrictions contained therein; or, I will again become subject to academic dismissal and/or be ineligible for financial aid (SAP).

Student’s Signature ________________________________  Date ____________
SECTION 4: Academic Dean/Designee

1. Based on the review of this appeal request, the student’s academic record, and the PLS Academic Plan outlined above, I:

☐ Recommend reinstatement for SAP

☐ Do not recommend reinstatement for SAP

PLS Academic Dean/Designee ____________________________ Date _____________

FOR OFFICE USE ONLY:
Copy of form sent to Office of Financial Assistance by _____________________ on ___________________.