Graduate Appeal Form: Financial Aid Satisfactory Academic Progress

This form is used when a graduate student wishes to appeal his/her failure to maintain Satisfactory Academic Progress (SAP) and loss of eligibility for financial aid (e.g. Stafford, Pell, etc.).

**Graduate Business Students:** Complete and sign this form and submit the signed form, along with any supporting documentation, to your Program Director. The Program Director will review the request, make a determination, and notify you of the decision.

**Graduate Arts and Sciences Students:** Complete and sign this form and submit the signed form, along with any supporting documentation, to the Graduate Arts and Sciences office at gradstudies@sju.edu or fax 610-660-3230. The office will review the request, make a determination, and notify you of the decision.

**Section 1: Student Information**

Name: ____________________________________________________________________________
SJU ID: __________________

Mailing Address: ______________________________________________________________________
____________________________________________________________________________________

Telephone Number: __________________________ Email: _____________________________________

Program designation: HSB (Business) or CAS (Arts and Sciences) ___________________________

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

**Section 2: Explanation and Documentation**

Answer the following questions in a separate Microsoft Word document, attach to this form, and return to your Program Director (Graduate Business) or to the Graduate Arts and Sciences office.

a. Explain the extenuating circumstances that prevented you from being academically successful during the term indicated above. Please be specific. Extenuating circumstances may include, but are not limited to: personal injury or illness; family issues/difficulties; interpersonal problems; death of a relative; difficulty balancing responsibilities, etc. In addition, 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. In addition, provide any documentation you have to verify your explanation.

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. In addition, provide any documentation you have that may verify your new commitment to academic success.

**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 I am bound by the conditions of this agreement and may be subject to possible academic dismissal and/or ineligibility for financial aid (SAP).

Student Signature:________________________________________________________ Date:________________
Office Use Only

1. Based on the evaluation of the above appeal and the student’s academic record, I
   ___ recommend reinstatement for SAP.
   ___ do not recommend reinstatement for SAP.

2. In addition, attached is the College Academic Plan outlining the conditions/restrictions of this reinstatement for the above named student.

   NOTE: A plan must be measurable and ensure that the student is able to meet Saint Joseph’s University’s standards by a specific point in time. Plans should include courses to be taken, expected grades, and a timeframe to complete the outlined objectives.

3. Signature of your Program Director (Graduate Business) or the Executive Director (Graduate Arts and Sciences):

   Signature________________________________________________ Date:___________