



Financial Aid Office

11901 Wornall Rd., Kansas City, MO 64145
Phone: (816) 501-3600 Fax: (816) 501-2462
Email: finaid@avila.edu
www.avila.edu/financialaid

Satisfactory Academic Progress Appeal Form

Avila University understands that your educational success is important. If extenuating circumstances prevented you from meeting the Satisfactory Academic Progress Policy requirements you may submit an appeal. This policy can be found online at www.avila.edu/financialaid/sap. By appealing you are requesting that your extenuating or unusual circumstances be considered in order to have your financial aid reinstated. Thoroughly read through all instructions provided to ensure that your appeal presents your circumstances, resolution and a plan for success.

Name: _____ SSN/Student ID #: _____

Academic Program: _____ Academic Advisor: _____

Semester/year for which you are appealing to have financial aid reinstated: _____

In order for the appeal to be considered, please submit ALL of the following documents.

- **Typed and signed statement** explaining:
 - o The circumstances that prevented you from completing your classes successfully.
 - o What has changed in your circumstances, and
 - o The steps you are taking to ensure future academic success.
 - o If you have exceeded the maximum number of credits for your degree or certificate explain why you have not graduated. Describe how and when you plan to complete your program.
(Take time to write your appeal statement. This statement should be written in a professional manner.)
- **Supporting documentation** from outside entities such as copies of medical bills, letters from physicians or counselors, etc. Letters of support from faculty, advisors and other professional contacts are acceptable.
- **Satisfactory Academic Progress Academic Plan** (on back) - New federal regulations require the institution to establish an academic plan for students who have failed to meet SAP standards as defined by the U.S. Department of Education.
 - o Make an appointment with your advisor to develop a term by term plan toward completion of your program of study at Avila University utilizing the tables on the form.
 - o Complete your plan for at least the next 3 terms (if your plan is to graduate in less than 3 terms please indicate that). List first your current term, if now attending. Make sure you understand and keep a copy of your academic plan.

*****INCOMPLETE APPEALS WILL NOT BE REVIEWED UNTIL ALL DOCUMENTS ARE SUBMITTED*****

If your appeal is approved:

- Your financial aid will be reinstated on a probationary status.
- Aid will be reinstated based on available funding at the time the appeal is approved.
- The Committee has authority to impose conditions of approval including, but not limited to: specific courses, total number of credits, GPA, etc.
- Your financial aid will be suspended if you do not meet the conditions of the approved appeal.

If your appeal is denied you are not eligible for financial aid until you have improved your academic progress and meet all requirements of the Satisfactory Academic Progress Policy.

For Office Use Only:



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SAP Academic Plan

This plan is to be filled out with your academic advisor. You are required to register for classes according to this plan and only for credits applicable to your current Avila University program of study. Should you need to make a change to your plan at a later date please contact the Financial Aid Office for approval.

	Course ID	Course Name	# of Credits
Semester			

	Course ID	Course Name	# of Credits
Semester			

	Course ID	Course Name	# of Credits
Semester			

By signing and submitting my appeal I certify that I understand the following:

- I am limited to two (2) Satisfactory Academic Progress appeals at Avila University.
- I will be notified of the Committee’s decision through my Avila University student email account and the decision is final.
- If my appeal is approved I must follow my Academic Plan and all other Committee conditions to maintain future eligibility.
- If my appeal is denied I am responsible for making payment for tuition or officially withdrawing from my classes.
- All the information provided and attached here is true and correct. Providing false, misleading or partial information to obtain additional financial aid could result in termination of all and could lead to repayment of funds and/or prosecution under U.S. criminal code.

 Student’s Signature

 Date

To be completed by a Faculty/Academic Advisor:

Academic Program: _____ Estimated Graduation Date: _____

Including above, total number of remaining credits needed for program completion: _____

 Faculty/Academic Advisor (printed name)

 Date

 Faculty/Academic Advisor Signature

 Date