

## SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

## PURPOSE

In order to comply with federal regulations, the Lincoln University Student Financial Services Office is required to monitor whether students are maintaining Satisfactory Academic Progress (SAP) toward the completion of their educational degree plan. This pertains to any student whether or not they have ever applied for or received federal financial aid for previous college enrollment. If your current SAP status is **Unsatisfactory**, you have not met the Lincoln University Student Financial Service's Satisfactory Academic Progress Policy standards, and you are not eligible to receive federal financial aid. You may submit this completed appeal form for consideration of reinstatement of financial aid based on certain circumstances. You should be notified by the Financial Aid Appeals Committee via **your Lincoln University email account within two weeks after submission**. The appeal decision will be based on the strength of your appeal statement, documents received and your academic record. **If your appeal is denied**, **the decision is Final**; as such, you will need to make approved satisfactory payment arrangements with the Lincoln University Student Accounts Office to pay or make arrangements towards your charges. **If your appeal is approved**, **your financial aid will be reinstated**, **and you will be placed on probation for one term**. At the end of the probationary period you must be making Satisfactory Academic Process to remain eligible for financial aid.

your app arrangen and you	the by the Financial Aid Appeals Committee via your Lincoin University email accounts statement, documents received and your academic record. If your appeal is depends with the Lincoln University Student Accounts Office to pay or make arrangement will be placed on probation for one term. At the end of the probationary period you ***Filling an appeal does not guarantee financial aid reinstatement and you PPEALS MUST BE SUBMITTED BY THE 5TH DAY OF CLASS AND MUST BE COMMITTED BY THE DEADLINE.	enied, the decision is Final; as such, you will need to to towards your charges. If your appeal is approved, you must be making Satisfactory Academic Process to remain are responsible for any charges during period(s) of IPLETE. INCOMPLETE FORMS WILL NOT BE REVIE	make approved satisfactory payment your financial aid will be reinstated, nain eligible for financial aid.  Tineligibility*** WED AND WILL AUTOMATICALLY						
	NEXT SE								
A. ST Date	Student Name		LU Student ID						
Contact Number (Include Area Code)		LU Email Address							
Stu wh cat	NANICAL AID APPEAL FOR EXTENUATING CIRCUMSTANCES- udents who have not met all SAP policy standards and experienced extenuating circu nich affected their ability to meet the standards may submit an appeal to the LINCOLN tegories listed and must be supported with documentation.	I UNIVERSITY Student Financial Services Office. Appe	als should fall, but not limited to						
I did not i	meet Lincoln University's minimum grade point average definition. My current GPA is	Indicate the semester for which the appeal is to	b be considered:						
I did not i	meet Lincoln University's definition of Pace or successful completion of course work a	attempted. My Pace % Have you had a previous app (If Yes, what semester/yr.)	eal? ONO OYES						
I have ex	cceeded the maximum credit hour limit (180 hours attempted- Undergraduate; 45 hou	rs- Graduate). My total number of hours attempted is:							
	Read before submitting the SAP Appeal For	m and ensure you have done the fo	ollowing:						
<ol> <li>Completed all of Sections A &amp; B (if you have not been enrolled at Lincoln University this academic year, provide an alternate email address).</li> <li>Submitted any relevant documentation that will support the basis of your appeal.</li> <li>Completed all of Section C including your advisor's signature on the anticipated Academic Plan Course Outline.</li> <li>Explained in detail what is now different about the situation AND what steps you will take to improve your academic performance.</li> <li>Signed the form.</li> <li>Note: All statements must be typed. Additional information may be requested as needed in order to further process your appeal.         Failure to comply with this section may be cause for your appeal to be denied.</li> </ol> Choose ONE of the following options that best describes your basis for an appeal, attach the required documentation, and complete Parts C, & D before submitting. Lack of									
knowled	ge of the financial aid SAP standards is NOT acceptable grounds for an appeal EXTENUATING CIRCUMSTANCES	REQUIRED DOCUMENTATION (Please attach)							
	Personal Injury/ Illness/ Physical Disability/ Victim of a Crime	Student statement detailing circumstances impairing pe situation AND what steps you will take to improve your a forcim of a crime: A copy of the police reports of incie if injury, illness, or physical disability: A statement fr medical condition that impaired academic performance, the following:  Student's limiting medical condition and times How the condition may have impaired acader The student has rehabilitated to such an extension in the significantly impair future academic performance.	rformance, what is now different about the academic performance. dent in which student was the victim. om the healthcare provider detailing the The statement should specifically address frame for which conditions existed. The performance with that the medical condition should not						
	Death/ Illness of immediate family member *NOTE*- "Immediate Family" refers to the following persons only: mother/ step- mother, father/ step-father, brother, sister, step-brother/ sister, in-laws including (father, mother, brother, sister, son or daughter), grandparents, spouse, child, step-child.	Student statement detailing circumstances impairing pe situation AND what steps you will take to improve your a If illness of immediate family member: Statement fro conditions incurred by the family member. Statement sh condition and timeframe for which the condition existed.     If deceased: Copy of obituary or funeral announcement	academic performance. m the attending doctor detailing medical lould specifically address medical						
$\circ$	Separation/ Divorce	Student statement detailing circumstances impairing pe situation AND what steps you will take to improve your a     Copy of separation agreement or divorce decree							
	Exceeded the 150% of credit in your program	Student statement detailing circumstances impairing pe situation AND what steps you will take to improve your a     Relevant documentation to support the student's statem	academic performance.						
Diagea N	Note: All documentation should include the student's name and relate to the specific p	1.							

Please Note: All documentation should include the student's name and relate to the specific period of time during which the student's academic performance failed to meet Lincoln University's minimum standards for Satisfactory Academic Progress. All 3<sup>rd</sup> party documents must be on letterhead or an official form (i.e. police reports) and include an official signature.

You indicated in **Section B** that you experienced an extenuating circumstance that interfered with your ability to meet the required satisfactory academic progress standards. Attach detailed **typed** statements as follows:

- 1. Statement detailing circumstances that prevented you from making Satisfactory Academic Progress AND
- 2. Explain in detail what is now different about the situation AND what steps you will take to improve your academic performance.

  Be as detailed as possible and explain how your documentation supports your circumstances. Appeals without needed documentation may be denied.

## C. Academic Plan Course Outline- (this section must be completed and signed by your Academic Advisor)

Construct a term by term plan toward completion of your program of study at Lincoln University (attach additional pages if necessary). Include classes to be taken each term, each course number, and number of credits per course, for courses remaining in your program of study. List first the term in which you intend to begin this academic plan.

Should your request for an appeal be approved, dropping or withdrawing from any classes listed could adversely affect your SAP status.										
	Course ID		Cours	e Name	е			# of Credits		
Semester										
Semester										
								"		
	Course ID	Course Name				# of Credits				
Semester										
	Course ID	Course Name				# of Credits				
Semester										
Semester										
								# . ( ) !!!-		
	Course ID	Course Name					# of Credits			
Semester										
Academic Program:					Rema	ining # of credit ho	urs needed for	Est. Graduation Date		
Addamio i Togram.		Remaining # of credit hours Program			2 St. Oraculation Bate					
							T =			
Faculty/Academic Advisor Signatur		Ext.			Dept.		Date			
							•			
D. Student Certification										
I certify the information on this Satis	sfactory Academic Progress	Appeal Form, m	y written statement,	, and ar	ny supp	orting documentati	on are accurate, true, a	nd complete to the best of		
my knowledge. I will provide other Progress Appeal unless all steps at										
information may be cause for the	denial, reduction, and/or re	payment of stude	ent financial assista	ince and	d may	subject me to a fir	e, imprisonment, or bo	oth under provisions of the U.S.		
Criminal Code.		. ,						'		
Student Signature & Date										
			OR OFFICE US	E ONL	γ					
Current GPA Required GPA			Total Hrs. Attempted Pace %			Committee Action				
	·							Probation O		
D : 1D						Probation with an Academic Plan				
Reviewed By: Comments						Applicatio	n is incomplete O			
								Dellied		