

**Type responses in the spaces provided – handwritten appeal will not be accepted.**  
**Submit completed form to the graduate school or by email to [gaoffice@siu.edu](mailto:gaoffice@siu.edu).**

**Student Information:**

Last Name	First Name	MI
Email		SIUC DAWGTAG
Term(s) Requesting Financial Aid:	Fall _____	Spring _____ Summer _____

**Reason for SAP Appeal:**

Review your SAP status on <https://salukinet.siu.edu/> under ‘My Financial Aid,’ ‘Eligibility,’ ‘Select Aid Year,’ ‘Academic Progress’.

\*We strongly encourage you to attach supporting documentation to substantiate your circumstances.

**Instruction: Choose the appropriate SAP rule below that applies to your situation.**

**Ineligibility for GPA (<2.0) or Completion Rate (<67%):**

Appeals will only be considered if you have extenuating circumstances that prevented you from making satisfactory academic progress.

- Severe injury or illness of student.      Date of injury or illness: \_\_\_\_\_
- Death of immediate family member.      Relationships to student: \_\_\_\_\_      Date of Death: \_\_\_\_\_
- Other extenuating circumstances: \_\_\_\_\_

**Ineligibility for Exceeding Maximum Hours: Masters (>75) or Doctoral (>100)**

- Changed major (degree program) from \_\_\_\_\_ to \_\_\_\_\_      Effective Date: \_\_\_\_\_
  - Transferred credit hours from another school \_\_\_\_\_      Effective Date: \_\_\_\_\_
  - Pursuing dual degree in \_\_\_\_\_      Effective Date: \_\_\_\_\_
- Other extenuating circumstances: \_\_\_\_\_

**1) Provide a detailed explanation (including dates) of the extenuating circumstances that prevented you from maintaining satisfactory academic progress. Typical adjustments to college life, financial hardship or job interference are not considered extenuating circumstances. Max-time appeals indicate what caused you to exceed time-frame to complete degree. Answer below.**

2) Explain how your personal circumstances have changed so that they will no longer hinder your academic progress. Indicate what steps you have taken to ensure these problems will not be a factor in your future progress and what steps you will take to meet satisfactory academic progress. Max-time appeals indicate remaining hours and graduation date. Answer below.

**Academic Plan:**

List all course work to be attempted for the semester indicated below. If your SAP appeal is approved, you will be placed on Financial Aid Probation. To maintain eligibility for financial aid, you must fulfill all the conditions of your academic plan or meet SAP requirements as described as SAP policy. Additional information about the SAP policy can be viewed online at <https://gradschool.siu.edu/cost-aid/satisfactory-progress.php>.

Academic Plan – YYYY-YYYY ( _____ to _____ )		
Course No.	Course Name	Credits

**Certification and Signatures:**

This form **must** be completed and signed by you and your academic advisor/official from your academic program.

Student certification:

Your signature certifies that the information provided is accurate and compete to the best of your knowledge. By completing and submitting this form: **1)** you certify that you have reviewed the SAP policy and acknowledge that your current financial aid status is ineligible and understand that if your SAP appeal is denied, you will not be granted financial aid for this semester and future semester until you are once again meeting the SAP standards and **2)** you and your academic official agree that the courses listed are acceptable toward completion of your degree program.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

Although supporting documentation is not required, it is **strongly** recommended.

The burden of proof is on the student. All documentation should be included with the appeal.

**Academic Advisor/Official Certification:**

The student listed on this form is currently ineligible for financial aid and is pursuing an appeal with the SIUC Graduate School to request to have their financial aid reinstated. In order for the appeal to be reviewed, we need you to complete this form and to discuss with the student their academic plan and degree completion goals. Your signature indicated that you agree that the courses listed above are acceptable toward completion of their degree program. **Please answer all four questions listed below.**

Are you the student's academic advisor? \_\_\_\_\_ (yes/no)

What is the student's expected date of graduation? \_\_\_\_\_

How many remaining hours (including this appeal) to complete degree? \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Title of Academic Advisor/Official

\_\_\_\_\_  
School/College

\_\_\_\_\_  
Signature of Academic Advisor/Official

\_\_\_\_\_  
Date