

Satisfactory Academic Progress (SAP) Appeal Form for Title IV Financial Aid Recipients

Instructions: Please complete this packet to appeal your financial aid ineligibility. Failure to submit all documentation and follow instructions will result in a delay in the decision of your appeal.

Step 1: Student Information

Name (Print): _____ Student ID: _____

Telephone Number: _____ (Where you can be reached between 8:00 a.m. – 4:30 p.m.)

Next semester that you plan on enrolling: _____ Program of Study: _____

Step 2: Reason for Financial Aid Suspension

Please check all that apply. I am completing an appeal by answering all of the questions on this form in detail, and I am including supporting documentation for reinstatement of financial aid. I would like to appeal my financial aid suspension because:

- I currently have a cumulative grade point average (GPA) below the minimum standards (2.0 for an Undergraduate student, 3.0 for a Graduate student) and feel that I have unusual circumstances.
- I currently have a cumulative completion ratio below the required standards (students must successfully complete at least 67% of credits attempted) and feel I have unusual circumstances.
- I have exceeded the maximum credit hour limit (90 hours for an Associate’s Degree, 180 hours for a Bachelor’s Degree, or 150% of program length for a Master’s Degree/Teacher Certification).

Step 3: Appeal Information

Financial aid ineligibility can be appealed if you have suffered undue hardship. In order for an appeal to be considered, your circumstances must meet at least one of the criteria in the chart below. Please indicate below which situation(s) best applies to the academic difficulty you experienced. In addition, all appeals must be submitted with supporting documentation and a completed academic plan. Examples of acceptable documentation are listed in the following chart. The documentation should be attached to the appeal at the time the appeal is submitted.

Check the Circumstance(s) that Apply	Required Documentation (must include dates)
<input type="checkbox"/> Severe illness, medical condition or injury	➤ Signed and dated letter from physician on office letterhead verifying medical problems experienced and treatment received; legible copy of accident
<input type="checkbox"/> Death of family member or a close friend	➤ Death certificate and/or dated obituary from newspaper
<input type="checkbox"/> Traumatic life-altering event such as fire, hurricane, etc.	➤ Evidence of event such as insurance claim or FEMA application
<input type="checkbox"/> Other circumstance (Please clearly state the circumstance if not listed above): _____ _____ _____	➤ Appropriate documentation which will verify situation

IMPORTANT

You **MUST** attach an Academic Plan from an academic advisor. Please visit University College in Elkins Hall to receive the appropriate counseling and documentation.

Our office will **NOT** consider your appeal without this information.

Checklist (Please verify that you have completed these items.)

- I have read and understand Nicholls' Satisfactory Academic Progress Policy.
- I have completed the appeal form and all questions have been answered in depth.
- Documentation to support my appeal has been attached.
- I have attached an academic plan completed with an advisor.

Please note that submitting incomplete information will result in a delay in the processing of your financial aid.

Certification of Information

- I certify that the information I have provided is true and complete to the best of my knowledge. I realize that giving misleading information or forged documentation will result in my being reported to the University Disciplinary Committee for appropriate disciplinary action. Furthermore, I realize that additional information may be requested by the Office of Financial Aid to further support my appeal.
- **If additional information is needed or once a final decision has been reached regarding my appeal for financial aid, I understand that I will be sent notification via my Nicholls email account only.** Therefore, it is my responsibility to check my Nicholls email account frequently during this period. If corresponding through my University email account is a problem, I realize that it is my responsibility to contact the Office of Financial Aid for further instructions.
- By signing, I certify that I understand the academic requirements/academic plan recommended by my academic advisor. If I fail to meet the requirements outlined in this plan, my future eligibility for financial aid will be suspended.

Student's Signature: _____ **Date:** _____

Please return your completed appeal packet with supporting documentation to the Office of Financial Aid, P.O. Box 2005, Thibodaux, LA 70310.