



Office of Financial Aid

P.O. Box 2005 | Thibodaux, LA 70310 | 985.448.4048 | 985.448.4124 [F]

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

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. This form is to be completed for a financial aid appeal only. If you need to appeal academically, you must contact your specific department/college for the necessary paperwork.

Step 1: Student Information

Name (Print): _____	Student ID: _____
Telephone Number: _____	
Next semester that you plan on enrolling: _____	Program of Study: _____

Step 2: Reason for Financial Aid Suspension – check all that apply

I feel that I have unusual circumstances and 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).
- I currently have a cumulative completion ratio below the required standards (students must successfully complete at least 67% of credits attempted).
- 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 difficulty you experienced. Your appeal must be submitted with supporting documentation and a completed academic plan. Examples of acceptable documentation are listed in the following chart.

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 report
<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 complete the Academic Plan with your academic advisor (located on the next page) and submit it to our office. Your appeal will not be reviewed or considered without this information.

To receive the appropriate counseling and documentation:

- **Freshmen should report to University College in Elkins Hall**
- **All other classifications should report to their respective college or department**

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.

Academic Plan Form – Financial Aid Appeal

To be completed by the student's academic advisor.

Student Information:

Name: _____ ID Number: _____

Major: _____

Degree Pursuing (circle one): Associate Bachelor's Master's

Academic Department Name: _____

Credit hours remaining to complete degree program (do not count in-progress hours): _____.

Expected graduation date: Month _____ Year _____.

Advisor or department representative's name (printed): _____

Plan information:

Recommendations for improving academic performance: _____

Conditions of the plan are effective with the next semester of enrollment.

To continue to receive financial aid, the student must meet all the conditions outlined below:

- Successfully complete at least 75% of the hours attempted each semester;
- Earn at least a 2.0 semester grade point average (3.0 for graduate students);
- Adhere to the recommendations made by the advisor (listed above).

By signing this form, the student is entering into an agreement that will remain in effect until he/she has (1) met the institution's satisfactory academic progress standards, (2) exceeded the maximum allowable timeframe for his/her program, or (3) failed to adhere to the recommendations and conditions of his/her academic plan.

The student acknowledges and agrees to the requirements and conditions above and understands that if an appeal is granted, he/she must adhere to the recommendations to remain eligible for financial aid. Documentation of compliance will be required if future appeals are requested.

Student Signature

Advisor Signature

Date