Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas - cumulative GPA, hours earned and maximum time frame - to be eligible to receive financial aid. A student, who has lost his/her eligibility for financial aid, may appeal for reinstatement of his/her eligibility if circumstances beyond his/her control prevented him/her from meeting the established standards. Circumstances that may merit appeals include but are not limited to, serious illness, injury and death of a family member.

(Please see our website for full policy on Satisfactory Academic Progress measurements of cumulative GPA and completion ratio.)

Requirements of an appeal are as follows:

1. A typed personal statement that includes:
   a. What extenuating circumstance prevented your from meeting the SAP requirements?
   b. How your circumstances have changed and what actions you will take, that will enable you to meet the SAP requirements going forward.
   c. If you are on SAP for the 150 rule, please indicate why your credits are so far in excess of your degree’s requirements such as change in degree program, previous Bachelor’s or Associate’s degree or transfer between Institutions.

2. Provide documentation that will support your appeal (we are aware that some situations have no documentation). Listed below are some examples of what acceptable documentation may be:
   a. In situations of a death: death certificate or obituary.
   b. In situations of illness or injury: letter from physician or hospital.
   c. Third party professional documentation from a counselor, minister, caseworker etc.
   d. Please note that if you have documented any of these circumstances for any other appeal to the Dean of Students or Registrar, then you may submit a copy of your outcome letter instead of the supporting documentation.

3. You must meet with your academic advisor in order to make an academic plan that will bring you back to meeting standards and lead you to graduation.

Incomplete appeals cannot be processed. Incomplete appeal materials will be returned.

PLEASE READ, SIGN, AND DATE:
By signing this application I certify that all information provided is true, and correct. Further I am authorizing the IPFW Financial Aid office to use any and all educational records in review of this appeal. I understand that Federal laws regulating financial aid state that if I provide false or misleading information, I may be fined up to $20,000, sent to prison, or both. Providing false or forged information is also a violation of the IPFW Code of Student Rights, Responsibilities and Conduct and I understand that if I do this, I will be referred to the Dean of Students for appropriate consequences.

____________________________________
Student Signature

_____/_____/_______
Date
Student’s current degree program, please check one of the following:

☐ Bachelor’s  ☐ Associate’s  ☐ Certificate

Student’s current academic program______________________________________________________________

# of required credit hours for the degree program________________________________________________

# of credit hours student has taken that count towards degree program______________________________

# of credit hours student still needs to take to complete current degree program____________________

Students anticipated graduation date___________________________________________________________

Have you reviewed the academic transcript with student?  ☐ Yes    ☐ No

Student has agreed to meet with you regularly for academic support?  ☐ Yes    ☐ No

Advisor Comments:__________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__Advisor Name (print): ___________Department __________________________x________

With my signature I certify that I have met with the student named above. We have discussed and recorded an academic plan that should resolve the academic problem and create a path to graduation. This plan is on file within my academic unit and is available for review by the student or by the financial aid office.

Advisor Signature: ___________________________________________ Date: ______/ _____/ ______________

FOR FINANCIAL AID OFFICE USE ONLY

Hours Attempted:_________ Hours Earned:_________ % Of Completion:_____________

GPA:_________ Grade Level:_________ % Pell Used:_________ Agg Loan Amount:_________

☐ Appeal Approved  ☐ Appeal Denied  Reviewer Initials:_________Date:_____________

Comments:________________________________________________________________________________
_________________________________________________________________________________________
_______________________________________________________________________________________