



Satisfactory Academic Progress (SAP) Appeal Form

In order to receive financial aid, students must comply with the three eligibility standards of satisfactory progress: qualitative (cumulative GPA), quantitative (% of attempted credits completed), and maximum time frame. Students not meeting one or more of these standards are ineligible for financial aid until they again meet the standards. If students have experienced circumstances beyond their control that caused them not to meet these standards, they may appeal the loss of their financial aid following the process outlined on this form. Additional information regarding SAP may be found here:

<https://www.uww.edu/financialaid/policies/academic-progress>.

Please thoroughly review this form and submit all of the required materials for your appeal to the UW-W Financial Aid Office (via email, mail, or fax – addresses and numbers listed at the top of this form) in the following order: SAP Appeal Form, Personal Statement, and then Supporting Documentation.

Step 1: Student Data

Student Name: _____ Student ID#: _____
Last First MI

Home Address: _____ Phone: _____
Street City State ZIP Code

Select the degree you are pursuing:

Undergraduate Graduate Special

Please select the term for which you are appealing to have your financial aid eligibility reinstated and enter the year:

Fall of _____ (due November 1)
 Winterim of _____ (due April 1)
 Spring of _____ (due April 1)
 Summer of _____ (due July 1)

Step 2: Personal Statement

Please create a Word document to answer the following questions (include both your name and UW-W Student ID in the document). The Personal Statement is your opportunity to explain the circumstances that require this appeal. Personal Statements remain confidential. (Note that handwritten statements will not be accepted.)

1. Explain the extenuating circumstances that prevented you from meeting the minimum credits, exceeding maximum number of credits and/or cumulative GPA required for maintaining financial aid eligibility. Include relevant dates.
2. Indicate what circumstances have changed that will allow you to maintain financial aid eligibility for the requested and future terms of enrollment. What changes have you made to ensure that you will successfully complete the required credits and/or GPA needed to maintain satisfactory progress in the future?

Please note that you must answer both questions. Personal statements that do not answer both questions will not be approved. In addition, handwritten personal statements will not be approved.

Step 3: Documentation

In addition to checking the appropriate box(s) on the next page, you will need to provide third-party documentation to support your appeal. Examples of third party-documentation you may submit are listed after each circumstance on the next page. In addition to those examples, third-party documentation may include a **signed** and **dated** letter from someone who is familiar with your situation and can support the reason for appeal (clergy, social worker, case worker, counselor, doctor, etc.). *Please note that your Personal Statement described in Step 2 does not satisfy the third-party documentation requirement.*



Step 3: Documentation (Continued)

Please indicate below the circumstance(s) beyond your control that contributed to your inability to maintain the SAP standards.

<input type="checkbox"/> Work Related	<input type="checkbox"/> Required overtime, required schedule change	<ul style="list-style-type: none"> Letter from employer including effective dates(s) and whether the increase in hours was mandatory
	<input type="checkbox"/> Reduced hours resulting in increased childcare need, layoff, job loss	<ul style="list-style-type: none"> Letter from employer Separation letter
<input type="checkbox"/> Medical or Mental Health Concern	<input type="checkbox"/> Serious illness or change in health status	<ul style="list-style-type: none"> Letter from doctor Record of doctor visits
	<input type="checkbox"/> Surgery/hospitalization	<ul style="list-style-type: none"> Letter stating doctor advised period of recovery Record of doctor visits Hospitalization records Copies of medical bills documenting illness/injury
	<input type="checkbox"/> Mental health concern	<ul style="list-style-type: none"> Letter from doctor, therapist or counselor
	<input type="checkbox"/> Dental emergency	<ul style="list-style-type: none"> Record of dental visits Letter from dentist Letter stating dentist advised period of recovery
<input type="checkbox"/> Dependent Care Issue	<input type="checkbox"/> Dependent's Medical Condition	<ul style="list-style-type: none"> Records from doctor visits Letter stating doctor advised period of recovery Hospitalization records
	<input type="checkbox"/> Dependent-care Issue	<ul style="list-style-type: none"> Letter from former care provider Letter from new care provider
<input type="checkbox"/> Other	<input type="checkbox"/> Death of a Loved One	<ul style="list-style-type: none"> Obituary Funeral program Letter from counselor Documentation should include date and indicate relationship to the deceased Death Certificate
	<input type="checkbox"/> Housing Insecurity/Eviction	<ul style="list-style-type: none"> Eviction notice Letter from transitional housing program
	<input type="checkbox"/> Assault/Domestic Violence	<ul style="list-style-type: none"> Police report Court documentation Letter from clergy, social worker, counselor, doctor
	<input type="checkbox"/> Other	<ul style="list-style-type: none"> A signed and dated letter from someone who is familiar with your situation and can support the reason for appeal (clergy, social worker, case worker, counselor, doctor, etc.)



Student Name: _____ Student ID#: _____
Last First MI

Step 4: Certification

By signing below, you agree to the following (check off each bullet):

- I have submitted a complete SAP Appeal form, including this signed form, my typed Personal Statement, and third-party documentation.
- If I am submitting an appeal due to not meeting the Maximum Time Frame requirement, I have submitted a completed SAP Degree Plan.
- I understand that it can take several weeks for this appeal to be reviewed and that I am responsible for any charges due to my account while this appeal is being reviewed.
- By signing this worksheet, I certify that all the information reported on it is complete and correct. I understand that if I purposely give false or misleading information on this worksheet, I may be fined, sentenced to jail, or both.
- I understand the UW-W Financial Aid Office may request additional documentation if they have reason to believe any of the information on this form is inaccurate.

Student Signature

Date