

Financial Aid Satisfactory Academic Progress (SAP) Appeal Form

Student Name: _____

Student ID: _____

We understand unavoidable events (e.g., death of a family member, illness, deployment, etc.) happen in a student's life, and some students have difficulty in adjusting to college. Please review the Appeal Requirements section below to ensure you are submitting a complete appeal. Incomplete appeals may be denied.

Appeal & Decision Timeframes:

- **Fall term:** SAP Appeals received 30 days before the Fall term will be reviewed by census. Complete appeals will have a decision by census.
- **Spring and Summer terms:** SAP Appeals received no later than the first day of the term will be reviewed by term census. Complete appeals will have a decision by the census date.
- Appeals received later than 30 days prior to the last day of the term may not be reviewed in time for aid to be offered.
- Some awarded grants, work-study, and/or scholarships may be cancelled if the appeal is submitted after the first day of the term. At least half-time enrollment is required for loans.
- **Note:** Late fees will not be waived for appeals submitted after the first day of the term.

Complete this section:

- 1) **Enter the academic year for which you are submitting an appeal to have your aid eligibility reinstated.** For example, for Fall 2023, Spring 2024 or Summer 2024 enter 2023-2024)

Academic Year (example: 2023-2024): _____

- 2) Check the **one semester** for which you are submitting an appeal to have your aid eligibility reinstated:

Fall

Spring

Summer

- 3) **Indicate your planned enrollment:**

Half-time

Full-time

- 4) **Provide Expected Graduation Date (Semester & Year):** _____

- 5) **Reason for Financial Aid Suspension** (Initial all that apply)

I currently have a completion rate below the required 67% and/or a cumulative grade point average (GPA) below the minimum standard of 2.0 for undergraduate students or 3.0 for graduate students (some exceptions apply see SAP policy for more details).

The credit hours I have attempted exceed 150% of the published length of my current degree program(s). I have submitted a completed and signed [Financial Aid Satisfactory Academic Progress Plan Maximum Timeframe – Degree Audit](#) completed with my Academic Advisor.

Upload completed forms to www.ucdenver.edu/fadocs

Denver: Student Commons Building 5105 | PO Box 173364 | Campus Box 125 | Denver, CO 80217 | 303.315.5969 | Financialaid@ucdenver.edu
Anschutz Medical Campus: Education 2 North | 13120 E. 19th Ave | Box A088 | Aurora, CO 80045 | 303.724.8039 | FinAid@CUAnschutz.edu

Appeal Requirements:

- Provide a typed and signed statement explaining the following:
 - The extenuating circumstance(s) that caused you to be unable to meet the SAP standards
 - When the circumstance(s) occurred and how long the circumstance(s) lasted
 - How the circumstances affected your academic performance
 - What corrective measures have you taken or will take to achieve and make satisfactory academic progress now and in the future.
- If applicable, submit documentation that supports your circumstances (e.g., birth/death certificates, obituaries, accident report, insurance claim, and medical and/or court documents). Note: Documentation is generally required, but we do understand that some situations early in your educational career may not be easily documented.
- If you are appealing due to exceeding 150% of the published length of your program, a [Financial Aid Satisfactory Academic Progress Plan Maximum Timeframe – Degree Audit](#).

Checklist of Completion: (Initial each completed item)

- I have read and understand the SAP Policy available at <https://www.ucdenver.edu/finaid/SAP>.
- I have completed the appeal form and all questions are answered.
- I have provided a typed and signed statement explaining the extenuating circumstances that prevented me from meeting the (SAP) standards.
- My typed explanation also explains what has changed in my situation to allow me to succeed now and in the future.
- If applicable, documentation to support my appeal is attached.

By signing below I certify I agree to and understand the following:

- The information I have provided is true and complete to the best of my knowledge. I realize additional information may be requested to further support my appeal. Any request will be sent to my university email.
- When a final decision has been made regarding my appeal for financial aid eligibility, I will be sent a notification via my university email.
- If my appeal is approved under an Academic Plan, I must meet the terms of that plan for every semester on the plan in order to remain eligible for financial aid until I am again meeting the minimum SAP standards. If I violate the term of the plan I will be placed back on Financial Aid Suspension.
- If I am granted an appeal approval, I will be placed on financial aid probation status and must meet the SAP standards at the end of the term for which I am approved or meet the standards outlined in my Academic Plan. If I fail to meet the requirements, my eligibility for financial aid will be suspended.
- If my appeal is not approved, I am not eligible for financial aid funds and responsible for all charges on my student account.

Student Signature (signature in ink required)

Date

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