

LAST NAME	FIRST NAME	MIDDLE INITIAL	9-DIGIT CAMPUS ID #
DAYTIME PHONE			EMAIL ADDRESS

Use this form to appeal your Satisfactory Academic Progress (SAP) Suspension or Termination Violation due to extenuating circumstances. (Inability to pass course material is not an extenuating circumstance.) In all cases, the outcome of any appeal will depend on the nature of the circumstances causing the violation, the quality of the documentation provided, and how well you have demonstrated the ability to progress towards degree completion within a reasonable time limit. If this form has missing information, it will be returned to you unprocessed. If clarification of your situation is necessary, this office may request additional information or documentation beyond the requested items. Any resulting decision made upon review of this appeal is final.

APPEAL SUBMISSION DEADLINES:

To receive consideration for aid in the following semester(s), you must submit your appeal NO LATER THAN:
 Summer 2008: July 4, 2008
 Fall 2008: September 15, 2008
 Spring 2009: February 9, 2009

Deadline dates are firm. If your review form is received by the SFAO after the date(s) above, you will receive consideration for reinstatement of financial aid eligibility for the subsequent semester(s) only.

APPEAL CONTENT REQUIREMENTS (Complete all applicable steps below.)

1) PERSONAL STATEMENT

- Attach a personal statement explaining **IN DETAIL** the circumstances that prevented you from making satisfactory academic progress that addresses **ALL** of the following:
- a. The nature and timing of the circumstances (e.g., injury or illness, death of a relative). A student with a Termination Violation must address the circumstances that prevented graduation within the applicable credit limit. Be specific when referring to credit amounts and semesters.
 - b. How the circumstances affected your ability to meet the standards. If more than one semester was affected, each semester and the relevant circumstances must be specifically addressed.
 - c. How the circumstances have been resolved.

2) SUPPORTING DOCUMENTATION

Attach supporting documentation verifying the circumstances in your personal statement (see item 1 above). Medical documentation must be from an authorized medical representative. Supporting statements from an individual must specify the relationship of the individual to the student and be signed and dated. A statement from a third party may be deemed more credible than one from an individual who could benefit from the outcome of the appeal decision, depending on the circumstances.

If you feel that it is impossible to document your circumstances, your personal statement must explain why. Documentation must be in written form and must be legible. The Student Financial Assistance Office will not contact references on your behalf.

3) ACADEMIC ADVISOR STATEMENT (TERMINATION VIOLATIONS ONLY)

If you have a Termination Violation, you must **also** have your academic advisor complete the Academic Advisor Statement on the back of this form.

CERTIFICATION STATEMENT

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

STUDENT SIGNATURE	DATE
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ACADEMIC ADVISOR STATEMENT**(To be completed by your Academic Advisor if #3 on the front of this form applies to you.)**

The ASU Student Financial Assistance Office is reviewing the financial aid eligibility of the student noted on the front of this form. Because the SFAO does not have access to the DARS system, your assistance is needed in answering the following questions. Thank you for your assistance in this matter.

The above named student needs _____ remaining credit hours in order to complete his/her current ASU degree.

Is this student pursuing a dual/concurrent degree? YES NO

Did this student have a Major change? YES NO

Could this student graduate **now** with the completed hours currently on file? YES NO

If applicable, please explain why an Official Program of Study has not been filed with the Graduation Office at ASU for this student. (Attach additional pages as necessary.)

ASU ACADEMIC ADVISOR SIGNATURE

DATE

PRINT ADVISOR NAME

ADVISOR PHONE NUMBER

COLLEGE

OFFICE USE ONLY**Type of Review:**

Justification/Comments:

Termination

Remaining Hrs: _____ Total Max: _____

Suspension
For Term(s): Fall _____ Spring _____ Summer _____
 Year Year Year

 Fall _____ Spring _____ Summer _____
 Year Year Year

COUNSELOR SIGNATURE _____ DATE _____


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