



2009-10 SAP Review

STUDENT FINANCIAL ASSISTANCE

Tempe campus

PO Box 870412
Tempe, AZ 85287-0412

Student Services Building,
Second Floor

Phone (480) 965-3355
Fax (480) 965-9484

financialaid@asu.edu

Downtown Phoenix campus

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Polytechnic campus

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West campus

PO Box 37100
Phoenix, AZ 85069-7100

University Center Building,
Room 120

Phone (602) 543-8178
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SECTION A: STUDENT INFORMATION (PLEASE PRINT)

FULL NAME (LAST, FIRST MI.)	10-DIGIT ASU ID	9-DIGIT CAMPUS ID
STREET ADDRESS		CITY, STATE, ZIP CODE
DAYTIME PHONE NUMBER		E-MAIL ADDRESS

SECTION B: DEADLINES, REQUIRED ACTIONS & STUDENT SIGNATURE

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.

Submission Deadlines:

To receive consideration for aid in the following semester(s), you must submit your appeal NO LATER THAN:

Summer 2009: July 7, 2009
Fall 2009: September 14, 2009
Spring 2010: February 8, 2010

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.

Required Actions

- Attach a personal statement explaining **in detail** the circumstances that prevented you from making satisfactory academic progress that addresses **all** of the following:
 - 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.
 - 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.
 - How the circumstances have been resolved.
- 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. Student Financial Assistance will not contact references on your behalf.
- If you have a Termination Violation, you must **also** have your academic advisor complete the Academic Advisor Statement on the back of this form.

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 additional 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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SECTION C: ASU ACADEMIC ADVISOR STATEMENT (TO BE COMPLETED BY YOUR ASU ACADEMIC ADVISORY IF #3 ON THE FROM 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.

Number of remaining credit hours the above named student needs in order to complete his/her current ASU degree.	
Is this student pursuing a dual/concurrent degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did this student have a major change?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Could this student graduate now with the completed hours currently on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, please explain why an Official Program of Student has not been filed with the Graduation Office at ASU for this student (attach additional pages as necessary).	

ACADEMIC ADVISOR SIGNATURE	DATE	COLLEGE/DEPARTMENT
PRINT NAME		OFFICE PHONE NUMBER

SECTION F: FOR OFFICE USE ONLY

Suspension

SUMMER 2009 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	FALL 2009 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	SPRING 2010 <input type="checkbox"/> Approved <input type="checkbox"/> Denied
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Termination

SUMMER 2009 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	FALL 2009 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	SPRING 2010 <input type="checkbox"/> Approved <input type="checkbox"/> Denied
REMAINING HOURS	TOTAL MAX HOURS	

JUSTIFICATION/COMMENTS

ASU FINANCIAL AID COUNSELOR SIGNATURE	DATE
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