



Return this form to:  
 Office of Financial Aid  
 Old Main 250  
 Email: [Finaid@stmartin.edu](mailto:Finaid@stmartin.edu)  
 Phone: (360) 688-2150  
 Upload via Secure File Upload:



## Satisfactory Academic Progress Appeal Form

The Office of Financial Aid has notified you that you are not meeting satisfactory academic progress standards required to receive student financial aid. You have the right to appeal your status. The Office of Financial Aid considers appeals based on a variety of extenuating circumstances (e.g., personal illness or injury, death of an immediate family member, or other unusual circumstances beyond your control).

### Student Information

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Major: \_\_\_\_\_

### Requirements – Incomplete appeals will not be reviewed or denied

Please **read and initial** that you have submitted the required forms/documentation with this appeal.

\_\_\_\_\_ Signed, typed/written personal statement (no more than 500 words) explaining:  
 1. Any extenuating circumstances that caused you to be placed on SAP Must Appeal;  
 2. How the extenuating circumstance(s) caused your academic performance; and  
 3. What you have done to overcome the extenuating circumstance(s)  
 4. What specific steps are you taking to ensure future success in attaining your academic goals?

\_\_\_\_\_ **Official documentation supporting your extenuating circumstance(s).** The **ONLY** acceptable forms of documentation are listed on the back of this form.

\_\_\_\_\_ Payment arrangement – I understand the Office of Financial Aid will **NOT** hold my classes pending a decision by the SAP committee if I am unable to pay any balance on account; and

\_\_\_\_\_ I understand that the decision of the Office of Financial aid is final.

### Certification and Statement of Understanding

I, \_\_\_\_\_, certify that the information contained within this appeal, including all attachments and enclosures, is accurate and truthful. I understand this information may be shared with the Office Financial Aid, staff the Office of Financial Aid consults and, as part of my permanent financial aid record to evaluate the administration of Title IV financial aid programs.

\_\_\_\_\_  
 Student Signature (Required)

\_\_\_\_\_  
 Date

Office of Financial Aid Use Only:  
 Scanned to Jbod: \_\_\_\_\_  
 Scanned to JDrive: \_\_\_\_\_  
 Processed by: \_\_\_\_\_  
 Global Comments in PFAIDS: \_\_\_\_\_

## Reasons & Supporting Documentation (not inclusive) for the SAP Appeal

### 1. Personal Illness or injury (physical and mental health)

- a. A detailed explanation of the medical circumstances including the date of occurrence, duration, and how it negatively affected your coursework.
- b. Support your documentation (i.e. medical withdrawal, physician's statement, copy of police report, medical documentation).
- c. Support documentation regarding what steps you've taken to successfully move forward (i.e. statement from a physician, DSO, academic adviser, or 3<sup>rd</sup> party agency that assisted you during your illness or injury).

### 2. Illness of a family member

- a. A detailed explanation of the medical circumstances of the family member, including the name and relationship of the family member to you, the date(s) of occurrence(s), duration, and how it negatively affected your coursework.
- b. Support documentation (i.e. physician's statement, medical documentation)
- c. Support documentation regarding what steps you've taken to successfully move forward (i.e. physician statement, academic adviser, 3<sup>rd</sup> party).

### 3. Death of a Family Member / Roommate / Close Friend

- a. A detailed statement including the name of the deceased and his/her relationship to you with an explanation of how this event negatively affected your
- b. Support documentation (i.e. copy of the obituary, notice of the funeral, or death certificate)

### 4. Personal Crisis

- a. A detailed explanation of the crisis including the date of occurrence, duration, and how it negatively affected your coursework.
- b. Support documentation (i.e. physician's statement, copy of police report, Personal Protection Order, medical documentation, Victim's Advocacy memo).
- c. Support documentation regarding what steps you've taken to resolve the crisis and successfully move forward.

### 5. Other Circumstances beyond your control

- a. Provide documentation of extenuating circumstances that were beyond your control from your personal statement.
- b. Provide documentation supporting that your circumstances have either been resolved or are being managed.

### 6. Exceeded Maximum Hours for Degree Completion

- a. A detailed explanation for the circumstances that resulted in your exceeding the maximum hours required to obtain a degree in your program of study.
- b. A prescribed academic plan of work from an academic advisor outlining your remaining degree requirements and projected completion date.

**Note** – Appeals submitted for reasons above will be reviewed on a case-by-case basis. Appeals are not automatically approved for any of the above reasons but are reviewed based on circumstances documented, academic history, and projection of potential for academic success.

**Explanation of Extenuating Circumstances**

In 500 words or less, please answer the following questions in the space provided below:

- What circumstances led to your academic challenges?
- How were the circumstances beyond your control?

**Resolution of Circumstances**

In 500 words or less, please answer the following questions in the space provide below:

- How is your situation different now than it was before?
- What specific steps are you taking to ensure future success in attaining your academic goals:

You are required to make an appointment with an Advisor in the Center for Student Success (CSS).  
 You can schedule an appointment online at: \_\_\_\_\_ or call for an appointment at 360-438-4569.

Date of CSS Appointment: \_\_\_\_\_ Advisor You Met With: \_\_\_\_\_

## ACADEMIC PLAN & ELIGIBILITY CONTRACT

**Directions:** Complete this section with an Advisor in the Center for Student Success or your Faculty Advisor.  
**All steps must be completed before continued eligibility of financial aid can be determined.**

### PART B – Academic Plan to Be Completed with an Advisor

**Instructions for Academic Advisor:** Please work with the student to develop a planned curriculum to ensure that the student has a realistic academic plan and that the coursework listed is required for the student's declared program. Once this plan is developed and agreed upon, please sign and date the form.

Degree program: \_\_\_\_\_ Is this a Change of Major? Yes No

Expected Graduation Date: \_\_\_\_\_ Current Cumulative GPA: \_\_\_\_\_

Cumulative Degree Hours: \_\_\_\_\_

**Semester 1** Term: \_\_\_\_\_

Course Name	Course Number	Credit Hours	Repeat (Y/N)	Required for Major

**Semester 2** Term: \_\_\_\_\_

Course Name	Course Number	Credit Hours	Repeat (Y/N)	Required for Major

Advisor Name: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_

## PART C – Student Section

Please initial each statement.

- I must maintain a 2.0 GPA (Undergraduate Students) or a 3.0 GPA (Graduate Students)
- I must complete more than 67% of the courses I register for each semester.
- I agree to only enroll in the courses listed in section B as agreed upon with an academic advisor.
- I will meet with an academic advisor if I need or choose to make any adjustments to the courses listed in section B.
- In the event I am unable to complete a course, I will notify an advisor and the Office of Financial Aid right away.
- I will attend class regularly and arrive to class on time.
- I will meet with my instructors regularly to monitor my academic progress.
- I will utilize the Center for Student Success to help me strengthen my study skills and behaviors.
- I will check Self-Service to monitor my midterm and final grades.
- I will check my Saint Martin's Email on a regular basis as it is the official means of communication on campus.

### Supporting Documentation

Please list any supporting documentation that will be submitted on your behalf:

- Supporting documentation can be submitted via email with this appeal through the Center for Student Success Advisor or [finaid@stmartin.edu](mailto:finaid@stmartin.edu).
- Medical condition: Submit a letter from your health care provider attesting to your extenuating circumstances. **Do not send us your medical records.**
- Maximum timeframe: Submit documentation from your academic advisor confirming your graduation date. **If you are seeking two majors, documentation must come from both advisors.**
- Other: Submit documentation that proves each factor noted as influencing your academics.

### Important Information

**DEADLINE - Your appeal must be submitted prior to the mid-point of the term. If your appeal is not received by mid-semester it will not be reviewed and you are responsible for paying your balance with out-of-pocket funds.**

- The Office of Financial Aid may require additional information and will not continue processing your appeal until the requested information has been received.
- Stop by in-person to submit your appeal or use the QR Code below to upload it securely.

