



SAP Appeal for Title IV Financial Aid

Student Financial Assistance

1906 College Heights Blvd, #11018 Bowling Green, KY 42101

Phone 270-745-2755 Fax 270-745-6586

GENERAL INFORMATION:

Please Print Name _____ Student ID or SSN _____

Phone Number _____ WKU Email Address _____

Permanent Mailing Address _____

I am trying to regain my financial aid eligibility back for the _____ semester

SECTION I: Under which condition are you appealing for reinstatement of your federal financial aid eligibility?

Maximum Time Frame: You have earned excessive credit hours needed to complete your graduation requirements

- You have excessive hours due to changing majors or transfer credits
- You have excessive hours due to pursuing a second degree program or working on a dual degree program

Extenuating Circumstances: You were previously on financial aid warning and failed to meet overall SAP qualitative and/or quantitative requirements as required by the SAP Policy and experienced a documentable extenuating circumstance during the semester you were placed on financial aid warning

- Personal illness, injury or disability
- Illness, injury or disability of significant person in your life in which you had to care or provide
- Death of family member or person of significance
- Divorce or legal separation (yourself or parent)
- Victim of violent crime or natural disaster
- Other unforeseen circumstance beyond your control

Please refer to page 3 for a list of acceptable documentation needed for the official appeal review

SECTION II: Written statement/explanation of your situation.

- A. Please submit a written/typed, detailed statement indicating the reason(s) you failed to meet Satisfactory Academic Progress standards
- B. Please submit a written/typed, detailed statement indicating how your situation has changed to allow you to meet Satisfactory Academic Progress standards
- C. Please submit a written/typed, detailed statement indicating what plans are in place for you to meet the Satisfactory Academic Progress standards and to become academically successful moving forward

SECTION III: Certification and Acknowledgement of Appeal Process

By signing this form, I certify that I have read and agree to: 1) If my appeal is denied, I am responsible for full payment of fees, 2) I am responsible for any payment due while my appeal is being processed, 3) I am responsible to see that all my application materials have been submitted, 4) I have read and agreed to the WKU SAP Policy standards, 5) If my appeal is approved, any aid that I may be receiving could be delayed since my unsatisfactory academic progress has/had delayed awarding processes, 6) If my appeal is approved, I must abide by the terms specified in my Academic Plan, 7) It is my responsibility to monitor academic year and lifetime eligibility limits for all TIV programs

Student Signature

Date

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Last term student attended and performance was determined to be unsatisfactory _____

RRAAREQ _____ ROASTAT Current _____ Changed to _____

SGASTDN: Associate Bachelor Master Doctoral UG Cert GR Cert

SHATERM: Overall Attempted Hours _____ Overall Earned Hours _____

Major Code _____ WKU GPA _____ Overall GPA _____

The following are reasons that are NOT considered extenuating circumstances and will NOT merit an approved appeal for federal financial aid purposes:

- Need for financial aid or lack of knowledge that your aid was in jeopardy
- Unfair/incorrect grade for class or improper advising
- Childcare or daycare problems
- Transportation issues
- Problems with web based or On Demand classes
- Work related issues

*****The below chart is strictly used as a guide to assist with documentation acceptable to certain extenuating circumstances. If appropriate documentation is NOT submitted with SAP Appeal, the appeal request will be DENIED due to lack of documentation*****

Circumstance	Statement/Acceptable Documentation
Your own illness, injury, hospitalization or disability	<ul style="list-style-type: none"> • Personal statement of how illness, injury, hospitalization or disability affected your ability to perform well academically <p>Written documentation from a healthcare provider on letterhead detailing:</p> <ul style="list-style-type: none"> • Approximate date of onset and duration of the illness, injury or disability • The healthcare provider's release to return to school • Any additional details the physician feels necessary for the Student Financial Assistance Office to know in consideration of the appeal, with your permission
Illness, accident or injury of significant person in your life such as a parent, sibling or grandparent	<ul style="list-style-type: none"> • Personal statement of how the illness, injury, hospitalization or disability of the person of significance affected your ability to perform well academically • Provide documentation (i.e., physician's statement, police report or documentation from a third party professional) relating the individual for whom you provided care or support
Death of family member or significant person in your life such as a parent, sibling, grandparent or lifelong friend	<ul style="list-style-type: none"> • Personal statement of how the death of your loved one affected your ability to perform well academically • Provide an original copy of the death certificate, obituary or complete funeral program identifying you as a family member. All documentation received will be verified for authenticity
Your own divorce or legal separation or the divorce or legal separation of your parent(s)	<ul style="list-style-type: none"> • Personal statement of how divorce or legal separation affected your ability to perform well academically • Provide an attorney's letter on letterhead, petition for dissolution or copy of divorce decree
Victimization of a violent crime or natural disaster	<ul style="list-style-type: none"> • Personal statement of how situation affected your ability to perform well academically • Provide a written statement on letterhead from a professional involved in the situation and/or other documentation such as police reports, insurance claims, etc.
Other unforeseen circumstance beyond your control	Appeal letter must clearly state how the situation was unforeseen and out of your control. Provide supporting documentation that verifies the circumstances described in the appeal letter
Maximum Time Frame (excessive hours) exceeded	<ul style="list-style-type: none"> • Written explanation detailing reason that you have excessive hours and have yet to complete your degree (refer to SECTION II of SAP Appeal) <ul style="list-style-type: none"> • Are you excessive hours due to changing majors or transfer credits • Are you excessive hours due to pursuing a second degree program or working on a dual degree program

Decision of the SAP Appeal Committee is FINAL