

# 2023–2024 Satisfactory Academic Progress Appeal Form



Student's Name: \_\_\_\_\_ Colleague ID: \_\_\_\_\_

Email: \_\_\_\_\_

A student who loses eligibility for financial aid due to unsatisfactory progress may have the opportunity to appeal their Satisfactory Academic Progress (SAP) Status to the Financial Aid Appeals Committee. A submitted appeal to the Committee must outline any **extenuating circumstance(s)** that influenced the student's academic performance and include the documentation requested below. Extenuating circumstances are those events that are beyond the student's control (i.e. serious injury, illness or mental health condition, death of an immediate family member, etc.).

## TERM OF SAP APPEAL

I am submitting the SAP Appeal for the following semester: \_\_\_\_\_

## APPEAL INSTRUCTIONS

Please include the following in your Financial Aid SAP Appeal:

- 1. A personal statement** detailing:
  - The extenuating circumstance that prevented you from meeting the SAP standards outlined in the FA Handbook. Be specific as to what factors caused your academic difficulties.
  - Outline the changes you have made so the deficiency will be resolved, and you will be able to improve your academic success in future semesters.
- 2. Documentation of extenuating circumstance** (i.e. medical bills, letter from doctor, obituary, etc.)
- 3. Academic Warning Plan** approved by Student Success Advisor and Financial Aid

**PRIORITY DEADLINE FOR SAP APPEAL:**

- Fall 2023 - Due August 1, 2023**
- Spring 2024 - Due December 18, 2023**
- Summer 2024 - Due May 1, 2024**

The Financial Aid Appeals Committee will review the appeal within two weeks of its receipt. Students filing an appeal are advised in writing of the decision of the Appeals Committee.

If you have questions about these instructions, please contact the Office of Financial Aid at (425) 629-5002 or [faid@digipen.edu](mailto:faid@digipen.edu).

## STUDENT CERTIFICATION

By submitting this appeal, I certify that:

- I understand this appeal does not guarantee my financial aid will be reinstated
- I understand that all appeal decisions are final
- I understand reinstatement of financial aid is dependent on availability of funds

**TYPED SIGNATURES ARE NOT ACCEPTABLE, please physically sign form.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE OF FINANCIAL AID

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