## **2021–2022 Satisfactory Academic Progress Appeal Form**



Student's First Name:	Student's Last Name:
Email:	-
Academic Progress (SAP) Status to the Financial Aid Apprextenuating circumstance(s) that influenced the student	atisfactory progress may have the opportunity to appeal their Satisfactory peals Committee. A submitted appeal to the Committee must outline any it's academic performance and include the documentation requested below. ond the student's control (i.e. serious injury, illness or mental health condition,
TERM OF SAP APPEAL	
I am submitting the SAP Appeal for the following semester	er:
APPEAL INSTRUCTIONS	
Please include the following in your Financial Aid SAP Ap	peal:
A personal statement detailing:	
<ul> <li>The extenuating circumstance that prevented specific as to what factors caused your acade</li> </ul>	d you from meeting the SAP standards outlined in the FA Handbook, be emic difficulties.
<ul> <li>Outline the changes you have made so the d success in future semesters.</li> </ul>	leficiency will be resolved and you will be able to improve your academic
2. Documentation of extenuating circumstance	(i.e. medical bills, letter from doctor, obituary, etc.)
3. Completed <b>Academic Plan</b> signed by your Stud	lent Success Advisor and yourself
PRIORITY DEADLINE FOR SAP APPEAL:	Fall 2021 Due August 16, 2021
	Spring 2022 Due December 20, 2021
	Summer 2022 Due May 6, 2022
The Financial Aid Appeals Committee will review the appearation of the decision of the Appeals Committee.	eal within two weeks of its receipt. Students filing an appeal are advised in
If you have questions about these instructions, please co	ntact the Office of Financial Aid at (425) 629-5002 or 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	
<ul> <li>I understand reinstatement of financial aid is dep</li> </ul>	pendent on availability of funds
TYPED SIGNATURES ARE NOT ACCEPTABLE, please	e physically sign form.
Student Signature:	Date: