## **2022–2023 Satisfactory Academic Progress State Aid Appeal Form**



Student's Name:	Colleague ID:
Email:	
Satisfactory Academic Progress (SAP) Status to the Fina outline any <b>extenuating circumstance(s)</b> that influenced	atisfactory progress may have the opportunity to appeal their State Aid ancial Aid Appeals Committee. A submitted appeal to the Committee must d the student's academic performance and include the documentation events that are beyond the student's control (i.e. serious injury, illness or mental etc.).
TERM OF SAP APPEAL	
I am submitting the SAP Appeal for the following semeste	er:
APPEAL INSTRUCTIONS	
Please include the following in your Financial Aid SAP Ap	ppeal:
1. A personal statement detailing:	
<ul> <li>The extenuating circumstance that prevented be specific as to what factors caused your ad</li> </ul>	d you from meeting the state aid SAP standards outlined in the FA Handbook, cademic difficulties.
<ul> <li>Outline the changes you have made so the c success in future semesters.</li> </ul>	deficiency will be resolved and you will be able to improve your academic
2. Documentation of extenuating circumstance	e (i.e. medical bills, letter from doctor, obituary, etc.)
PRIORITY DEADLINE FOR SAP APPEAL:	Fall 2022 - Due August 1, 2022
	Spring 2023 - Due December 19, 2022
	Summer 2023 - Due May 1, 2023
The Financial Aid Appeals Committee will review the app writing 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	ontact the Office of Financial Aid at (425) 629-5002 or faid@digipen.edu.
STUDENT CERTIFICATION	
By submitting this appeal, I certify that:	
<ul> <li>I understand this appeal does not guarantee my</li> </ul>	financial aid will be reinstated
I understand that all appeal decisions are final	
I understand reinstatement of financial aid is deplaced.	
TYPED SIGNATURES ARE NOT ACCEPTABLE, please	e pnysically sign form.
Student Signature:	Date: