2023–2024 Satisfactory Academic Progress State Aid Appeal Form



Student's Name:	Colleague ID:
Email:	
Satisfactory Academic Progress (SAP) Status to the Final outline any <i>extenuating circumstance(s)</i> that influence	natisfactory progress may have the opportunity to appeal their State Aid ancial Aid Appeals Committee. A submitted appeal to the Committee must at the student's academic performance and include the documentation events that are beyond the student's control (i.e. serious injury, illness or ember, etc.).
TERM OF SAP APPEAL	
I am submitting the SAP Appeal for the following semest	er:
APPEAL INSTRUCTIONS	
Please include the following in your Financial Aid SAP A	ppeal:
1. A personal statement detailing:	
 The extenuating circumstance that prevente be specific as to what factors caused your a 	ed you from meeting the state aid SAP standards outlined in the FA Handbook, cademic difficulties.
 Outline the changes you have made so the success in future semesters. 	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 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 approximation of the decision of the Appeals Committee.	peal 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:	
 I understand this appeal does not guarantee my 	y state financial aid will be reinstated
I understand that all appeal decisions are final	
 I understand reinstatement of state financial aid TYPED SIGNATURES ARE NOT ACCEPTABLE, pleas 	
25 GIONATOREO ARE NOT AGGET TABLE, pieas	o physically sign form.
Student Signature:	Date: