SATISFACTORY ACADEMIC PROGRESS
2007-2008 APPEALS FORM

Name _____ **KSU#**_____
KSU Student Email Address _____
Semester and year for which you are applying for reinstatement of aid: _____

APPEAL REQUIREMENTS (From the following, item 1 is <u>required</u>. Items 2 and 3 are <u>optional</u> but are <u>recommended</u> to support the appeal.)

1. Complete explanation of unusual circumstances associated with unsatisfactory academic progress below. Indicate how these circumstances have changed so that you can comply with regulations in the future.
2. Letter of support from someone that can substantiate the unusual circumstances (e.g., medical doctor, clergy, or other professional)
3. **Letter of support from an academic representative that will include a student plan of action for academic improvement (e.g., academic advisor or professor)**

Although submission of a SAP Appeal does not guarantee reinstatement of Financial Aid eligibility, appeals and supporting documents must be submitted to the Financial Aid Office by the posted deadline to allow reinstatement for approved appeals for the following semester. Decisions of the SAP Appeal Committee will be sent via student **KSU Email account** approximately 1 week after deadline date. SAP appeals submitted after the posted deadline will be reviewed after the next deadline.

DEADLINES for Students placed on SAP Failure:	***SAP Appeal Deadline***
end of Fall 07	**January 5th 2008**
end of Spring 08	**May 30st 2008**
end of Summer 08	**August 15th 2008**

Explanation of unusual circumstances (Use additional paper if necessary):

_____

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_____

Signature_____ **Date**_____

<u>OFFICE USE ONLY</u>

_____ < 67% _____ < 2.0 AGPA _____ >150% _____ # of Appeals
Committee Action: _____ approve _____ denied
Committee Chair _____ Date _____