STUDENT NAME	ID
JIODENI NAME	שו

Satisfactory Academic Progress - Financial Aid Appeal

IMPORTANT: Before submitting your appeal, you must read the following and sign below:

I understand:

Signed

- I am allowed only one (1) probation appeal during my academic career at Salem State University.
- To file an appeal, I must be able to get myself into good academic standing within 3 semesters.
- I must complete and adhere to an Academic Contract each semester for which I am on probation. (Maximum 3 Terms)
- I am aware that appeal decisions are final.

I have read, and I understand the above information.

- My Academic Contract will be reviewed by financial aid each semester to assure I am meeting the agreed upon requirements. If I am not meeting my contract, my aid will be cancelled, and I will remain ineligible for aid until I come back into good academic standing. (CUM 2.0 GPA 66% completion rate)
- If I am on academic probation and I take a leave of absence, it is my responsibility to notify Academic Advising and to update my academic contract. Taking a leave and not updating my contract may result in a contract violation and the loss of my financial aid.
- If my appeal is denied, or if I dont file, I am fully responsible for all charges to the university.
- I understand that my appeal MUST be both legible and complete or it may be returned to me to re-write, or may simply be denied.
- This form is required to submit an appeal, if I don't submit this form, along with my self-assessment and academic contract, my appeal will be invalid and not reviewed.
- The appeal committee may contact student support offices on campus (TRIO, Disability Services, Academic Advising, etc.) on my behalf if I am registered with said office or they feel it those offices can help me to succeed academically.

Date

• I may be asked to meet with a support office staff person as a condition of my appeal.

am currently a:	Please check all that apply	
Freshman Sophomore Junior Senior Resident Student Commuter	☐ I receive academic support and/☐ I am registered with the Disabili	ons through the Disabilities Services Office
OFFICE USE ONLY		Notes
Term	☐ Checklist	
GPA	☐ Aid Adj☐ PSS☐ Notified	
Pace	Method: E mail Letter	
Total Transfer Credits	Date Sent:	

IMPORTANT:

- You must complete a copy of both the Self-Assessment Form and the Academic Success Contract, which you completed with Academic Advising.
- If an illness or injury has contributed to your poor academic performance, medical documentation is required*
- If the death of an immediate family member (parent/spouse/sibling/primary caregiver) has contributed to poor academic performance, a copy of the death certificate is required, if death was not of an immediate family member, a copy of the obituary is required*

*Appeals submitted without the Self-Assessment form, Academic Contract and any necessary supporting documentation will automatically be denied.

Explain in detail why you are failing to meet SAP and steps you are taking to improve your standing. Attach any documentation relevant to support your case and return this form with a copy of the self assessment and academic plan you completed with Academic Advising. You are appealing the loss of financial aid eligibility; full sentences, correct spelling, and punctuation are strongly suggested.

I certify that all of the information and documentation I have submitted pertaining to this appeal is accurate and true.

I understand that I will be notified via my Salem State email and that the decision made by the financial aid office is final and cannot be appealed.

Signature Date	Signature	Date
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