Satisfactory Academic Progress Appeal Form for Financial Aid
(Please print neatly – illegible forms will be returned unprocessed)

Name: _________________________________________________     Pitt Student ID: _____________________________

Email: ___________________________________________ Phone: ________________________    Expected grad date: (month/year) __________

Term for Appeal:

Appeal Process and Form Instructions

1. Complete sections A and C.
2. Return to the Financial Aid Office.
3. The Academic Advising Center will contact you if there are issues with your schedule.
4. The Academic Advising Center will return the completed and signed form to the Office of Financial Aid

- All students enrolled at Pitt-Titusville who could be eligible for federal Title IV student financial aid must maintain Satisfactory Academic Progress (SAP) as prescribed by federal regulations (see the policy at upb.pitt.edu/sap/).
- Students applying for financial aid from sources provided by Pitt-Titusville, as well as from various other financial aid sources, must also meet these requirements.
- Students who do not meet SAP requirements will be denied financial aid, but may appeal the denial based on extenuating circumstances.
- Students who have not met SAP, and whose appeals are denied, are ineligible for Title IV and other Pitt-Titusville financial aid. They may be eligible for the university payment plan and/or certain alternative loans through private lenders.
- Appeals must be accompanied by a written explanation and appropriate documentation. The SAP Committee will review your appeal and supporting documentation. Unsigned forms and those submitted without proper documentation will not be processed. Appeals submitted without supporting documentation will not be considered.
- The Committee’s decision will be sent to your Pitt email account within approximately ten (10) business days.
- All appeal decisions made by the SAP Committee are final. An appeal reviewed by the SAP Committee does not guarantee reinstatement of financial aid.

A. BASIS FOR APPEAL

1. Check the circumstance that applies to the reason for your SAP deficiency.
   - Serious medical illness or injury of student. A signed doctor’s statement on office letterhead must be included.
   - Death of an immediate family member. A death certificate, obituary or announcement, as well as indication of your relationship must be included.
   - Other special and extenuating circumstances along with appropriate documentation.
   - I have exceeded the 150% timeframe without completing my degree. I certify that this appeal may represent my plan for completion of program requirements because I am near or over the 150% timeframe for my degree.

2. Explain in detail your extenuating circumstances checked above and the circumstances that caused you to fail to meet SAP. Address all semesters with deficiencies, including withdrawals and non-passing grades that caused you to fall below 67% completion rate and/or a substandard cumulative grade point average (if earned more than 30 credits, 2.0 CUM GPA); if less than 30 credits earned, 1.5 CUM GPA). Attach additional page if necessary.

Explanation:
3. What steps have you taken or will you take to ensure that you will complete all of your course requirements in the future? Please explain changes in your situation since the extenuating circumstances occurred that will allow you to complete your course requirements successfully in order to achieve a cumulative 67% completion rate and/or a 2.0 cumulative GPA. Attach additional page if necessary.

Explanation:

B: Academic Advising Center Certification:

<table>
<thead>
<tr>
<th>Number of Credits Needed for Graduation:</th>
<th>Anticipated Graduation Term:</th>
</tr>
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<tbody>
<tr>
<td>Director, Academic Advising Center: By completing the information below, I certify that I have met with the student referenced above and discussed the measures necessary to ensure she or he will meet the SAP requirements for financial aid in future terms. (Attach schedule)</td>
<td></td>
</tr>
</tbody>
</table>

Signature:
Phone: Date: Comments:

☐ Academic Plan  ☐ Probation

C. STUDENT CERTIFICATION

If this appeal is approved, I understand that I will be either be placed on either:

- Financial Aid Probation (Probation) status and will receive financial aid for one semester only because it has been determined that I can meet the 2.0 GPA and 67% completion in one term, OR
- Academic Plan (AP) status because it has been determined that I will not meet the 2.0 GPA and 67% completion requirement in one term.

At the end of the Probation or AP timeframe, I must meet the conditions of SAP policy to receive Title IV and other Pitt-Titusville financial aid. I further understand that if I do not meet the conditions of my Probation or my AP I must:
- complete at least six (6) credits, needed for graduation, financially on my own,
- obtain at least a 2.0 term GPA before I can appeal again.
- If GPA was an issue, I understand that I must obtain at least a 2.3 in the term I complete on my own as well.

I am aware of and understand the exceptions to an appeal approval as noted below:
- Students awarded a Panther scholarship must maintain a 2.25 cumulative grade point average for the scholarship to be renewed. This requirement cannot be appealed.
- Students awarded a Pennsylvania Higher Education Assistance Agency (PHEAA) grant must meet the academic progress standards established by the Commonwealth of Pennsylvania to have the grant continued. Requests for reinstatement of a PHEAA grant are not covered by this appeal.
- Financial aid awarded by departments or organizations outside the Financial Aid Office are not covered under this appeal.

I certify that all of the information I have provided for this appeal is complete and accurate. I understand that all appeal decisions are final.

Student's Signature ___________________________ Date ______________

D. Approval by Office of Financial Aid

Director, Financial Aid (print name):

Comment to Advising:

Signature: Date:  ☐ Academic Plan  ☐ Probation