

Southeastern Louisiana University

Satisfactory Academic Progress (SAP) Appeal Form

Office of Financial Aid
SLU 10768
Hammond, LA 70402
Phone: (985) 549-2244
Fax: (985) 549-5077

Please Print

Name: _____

Address: _____

University ID: W _____
(required)

Phone: _____

Cell Phone: _____

SLU Email: _____

If you received a prior degree, please check here

Semester you are appealing for aid: (Please check only one) Fall 2018 Spring 2019 Summer 2019

Note: Be sure to include all information you wish the Financial Aid Appeals Committee to consider when determining reinstatement of your financial aid eligibility. You **must attach supporting documentation**; such as doctor's statement, legal documents, letter from counselor, professor, or **an Academic Plan** from your department or advisor. If your suspension is due to **Maximum Time Frame**, please include the classes you have remaining and an expected graduation date.

Please Print

1. Explain the circumstances that caused you to fail to meet the satisfactory academic standards, which are required to remain eligible to receive financial aid.

2. Explain what steps you have taken, or will take, to improve your academic performance?

I have attached supporting documentation, Academic Plan or for Maximum Time Frame my remaining classes, as required.

Signature: _____ Date: _____

This section is to be completed by the Financial Aid Appeals Committee.

Cum. GPA _____ Hrs Attempted _____ Hrs Earned _____ % _____ Acad Susp _____ Yes _____ No

Comments: _____

_____ Date: _____ Initials : _____

Decision: _____ Yes _____ No _____ Not Needed _____ Pending Additional Documentation

Academic Plan: _____ Pass 67% / 2.0 / 3.0 _____ Pass 67% / 2.5 / 3.5

_____ Pass All / 2.0 / 3.0 _____ Pass All / 2.5 / 3.5

_____ Fall only _____ Sp only _____ Sum only _____ Not to exceed: _____

Committee Signature(s): _____ Date: _____

____ Comment _____ Communication Posted to System _____ Date Posted: _____ Initials: _____