

Office of Financial Aid 500 Salisbury Street Worcester, MA 01609 Email: fa@assumption.edu

Phone: (508) 767-7158 Fax: (508) 519-1286

Financial Aid Satisfactory Academic Progress (SAP) Appeal Form

Complete this form and attach all additional documentation needed for your appeal. Name: First Last AU email 1. Please check the term for which you are submitting the Financial Aid SAP appeal. ☐ Fall ■ Spring ■ Summer Year: 2. Please check your current academic level. ☐ Undergraduate day student (UG) ☐ Graduate student 3. Please indicate the mitigating circumstances that have contributed to your inability to maintain Financial Aid SAP by checking any category that applies to you. You also must follow the instructions for each checked category. Serious illness or injury to student or immediate family member (parent, spouse, sibling, and child) that required extended recovery time. Attach a statement from the physician (clinic letterhead) and explain the nature and dates of the illness or injury. ☐ Death of an immediate family member. Attach a photocopy of the death certificate and include the name of the deceased and relationship to you. ☐ Significant trauma in student's life that impaired the student's emotional and/or physical health. Provide a detailed explanation regarding the specific circumstances of your condition. Please be sure to include

(physician, social worker, psychiatrist, police, etc.) also must be attached.

dates and what you have done to overcome this condition. Supporting documentation from a third party

| | _ | academic performance will not be impaired. Provide copy of separation agreement or divorce deci | | |
|-------------|-----------------------------|---|--|--|
| | | Other unexpected documented circumstances beyond the control of the student. Please explain in detail the nature and dates of the unexpected circumstances. Supporting documentation also must be provided. | | |
| | | ls your a | ppeal based on circumstances related to COVID-19 (Coronavirus)? | |
| | | | Yes | |
| | | | No | |
| to impr | ove you | | ation. If you have been working with an Assumption University faculty advisor or administrator ic standing, you may also provide a letter of their support documenting your plan to improve | |
| Check a | any that | apply: | | |
| S | Supporti Re-admi | ing docun |) attached nentation attached er attached (If you were academically dismissed) ttached | |
| | | • | r SAP Appeal should be turned in as one package. The inclusion of documentation does not al will be granted. | |
| must p | ay my tu | iition bill | ion and documentation I have submitted pertaining to this appeal is true. I understand that I by the due date, and I will not rely on the outcome of this decision. I understand that the Aid Appeal Committee is final. | |
| Studen | t Signatı | ure | | |
| Date | | | | |
| | | | Please mail, fax, or email this form to the Office of Financial Aid. | |
| For Offi | ce Use O for unme | nly | | |
| _ _ _ | Course of Time Fra | tive GPA Completio ame (150 S nically Disn | , | |
| <u> </u> | Approve Denied | ed, beginn | ing with term through term. | |