Assumption University

Office of Student Financial Services

Office of Student Financial Services
500 Salisbury Street
Worcester, MA 01609
Email: sfs@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: _____ ID: _____
Last First MI

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 dates and what you have done to overcome this condition. Supporting documentation from a third party (physician, social worker, psychiatrist, police, etc.) also must be attached.

- ❑ Separation or Divorce. Statement detailing circumstances impairing performance and why future academic performance will not be impaired. Provide copy of separation agreement or divorce decree.

- ❑ 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.

4. Personal Statement. Please attach a personal statement regarding your mitigating circumstances.

5. Supporting documentation. If you have been working with an Assumption University faculty advisor or administrator to improve your academic standing, you may also provide a letter of their support documenting your plan to improve your academic standing.

Check any that apply:

_____ Additional page(s) attached
_____ Supporting documentation attached
_____ Re-admission letter attached (If you were academically dismissed)
_____ Advising Report attached

All the materials for your FA SAP Appeal should be turned in as one package. The inclusion of documentation does not guarantee than an appeal will be granted.

I certify that all information and documentation I have submitted pertaining to this appeal is true. I understand that I must pay my tuition bill by the due date, and I will not rely on the outcome of this decision. I understand that the decision of the Financial Aid Appeal Committee is final.

Student Signature _____

Date _____

Please submit your completed appeal to the Office of Student Financial Services:

Mail: Office of Student Financial Services 500 Salisbury Street Worcester, MA 01609
Fax: (508) 519-7158
Email: sfs@assumption.edu (please do not email documents containing PII)

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For Office Use Only
Reason for unmet FA SAP:

- ❑ Cumulative GPA
- ❑ Course Completion Rate (67%)
- ❑ Time Frame (150 % rule)
- ❑ Academically Dismissed

- ❑ Approved, beginning with _____ term through _____ term.
- ❑ Denied