APPEAL DIRECTIONS FOR STUDENTS
(the Appeal Form appears below):

At the end of the Academic Year, Emory University’s Office of Financial Aid will determine whether you have achieved the academic progress that is necessary to maintain your eligibility for financial aid. If you have not made Satisfactory Academic Progress (SAP), your access to aid for the next academic year will be suspended, and you will receive an e-mail from your Financial Aid Advisor notifying you of the matter.

The conditions necessary to make SAP can be found on the following webpage: http://www.studentaid.emory.edu/eligibility/sap/index.html.

If you would like to submit an appeal to the Office of Financial Aid to have your eligibility to aid reinstated, you will need to submit a complete SAP Appeal Packet. A complete packet consists of the following:

1. A completed Appeal form which includes a degree audit and a proposed academic schedule, approved by an Academic Advisor, for the semester in which you are seeking reinstatement;
2. A personal letter or statement that explains why you were unable to make satisfactory progress, and what has changed in your situation that will allow you to make satisfactory progress at the next evaluation, and;
3. Documentation supporting the stated reason(s) for not making SAP.

The appeal form is attached below.

Please note that appeals cannot be considered until a complete SAP Appeal Packet (as described above) has been submitted. Packets submitted in person take a shorter amount of time to be reviewed.

The Office of Financial Aid will work toward notifying you of its decision within two weeks from the time you submit your completed Appeal packet.

In order to receive your Appeal Decision and clearance (if approved) to receive aid for the semester in question, you should work to submit your completed packet at least two weeks before the end of the Add/Drop period. Appeal packets received after this time may not be reviewed in time for Add/Drop, and reinstatement (if approved) may have to be postponed until the following semester.

Submitting a SAP appeal does not ensure that your aid will be reinstated, and therefore you should have a back-up plan, if your appeal is denied. If your appeal is denied, or should you choose not to appeal, you can regain eligibility for aid by meeting both the Qualitative and Quantitative requirements for SAP.

If your appeal is approved, make sure you understand what is expected of you so that you can regain regular eligibility to financial aid.
Notification Received

Check Deadline

Obtain Financial Aid SAP Appeal Packet (on-line or from office)

Meet with your Academic Advisor (realistic expectations, proposed schedule)

Ask Academic Advisor to complete section C, and attach a Degree Audit

Write your Letter of Explanation, attach supporting documents, and complete section B

Review packet for completion, Sign in section D, and Submit to your FA Advisor

Decision rendered, and notification from FA Advisor within 2 weeks

Approved

Receive aid, and Make SAP in the following term(s)

Denied

Work toward making SAP without aid
A: WRITTEN EXPLANATION OF SPECIAL CIRCUMSTANCES

Please attach a separate written statement detailing your circumstances and all the items listed below:

1. The reason(s) that you failed to meet the SAP standards. If these circumstances covered more than one semester, address the relevant circumstances for each semester.
2. How you attempted to maintain your financial aid eligibility during the most recent term, considering these circumstances.
3. How the circumstance(s) that prevented you from meeting the SAP standards have now been resolved.

B: SPECIAL CIRCUMSTANCES FOR CONSIDERATION — Check any boxes that apply to your appeal request

<table>
<thead>
<tr>
<th>Reason for Appeal</th>
<th>Supporting Documentation</th>
</tr>
</thead>
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| The student's own mental or physical illness or injury                             | • Verification of health related reasons. A written letter from your doctor on letterhead, a hospital statement, and/or a statement from Emory Student Health Services.  
  • The statement must include the date of the onset of the circumstance           |
| Death of a family member or significant person in student's life                   | • A copy of a death certificate                                                          |
|                                    | • A copy of an obituary                                                                 |
| Illness, accident, or injury of a significant person in the student’s life         | • A physician’s statement                                                                |
|                                    | • A police report                                                                       |
|                                    | • A hospital billing statement                                                          |
|                                    | • A statement from a 3rd party professional, or other documentation                     |
| The student’s own divorce or separation or the divorce or separation of the student’s parent(s) | • A copy of the divorce decree                                                          |
|                                    | • A petition for dissolution of marriage                                                 |
|                                    | • A letter from an attorney on law firm letterhead                                       |
|                                    | • A personal statement                                                                  |
| Personal circumstances other than the student’s own mental or physical illness or injury or disability, issues with the student’s spouse, family, or other significant person in the student’s life | • Provide a written statement from an attorney, professional advisor or other individual describing circumstances  
  • A personal statement                                                            |
| Natural disasters                   | • A written statement and/or supporting document(s)                                     |
**C: ACADEMIC PLAN** To be completed by the student and academic advisor, or for Laney students the Director of Graduate Studies.

- **Student Not Meeting Minimum Cumulative GPA**
  - I will earn the minimum semester GPA indicated below while on this SAP Academic Plan. My current GPA is _____, and it will take _____ (#) semester(s) until my cumulative GPA meets the minimum GPA.
  - I understand that I am not permitted to withdrawal from any course, and must discuss any course changes while on this academic plan with my Academic Advisor (or Director of Graduate Studies) and Financial Aid Advisor.

- **Student Not Meeting Pace**
  - I understand that I am not permitted to withdrawal from any course, and must discuss any course changes while on this academic plan with my Academic Advisor (or Director of Graduate Studies) and Financial Aid Advisor.

- **Student Exceeding Maximum Timeframe**
  - I understand that I am not permitted to withdrawal from any course, and must discuss any course changes while on this academic plan with my academic advisor (or Director of Graduate Studies) and Financial Aid Advisor.

**Student’s Name:**  
**Student’s Emory ID (EMPL):**  
**College/Program:**

**Major:**  
________ / _________  
**Minor:**  
________ / _________  
**Is student pursuing a 2nd major or dual degree? If yes, name Other Major:**  
________ / _________

**Anticipated Date of Graduation (Term/Year):**  
________ / _________  
**Remaining credits to complete degree:**  
**Remaining number of terms to complete degree:**

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**PLAN FOR PROBATIONARY SEMESTER(S)** To be completed by the academic advisor

The student will be expected to meet the enrollment goals set for each semester. During the probationary term, students **must meet or exceed the minimum GPA based on program/degree, and is not permitted to receive grades of F, U, W, WF, WU, I, IF, IU, LP, or NC.** Understand that the student **will lose aid eligibility if all these terms are not met.** List the most efficient plan for the student to graduate; the SAP Academic Plan should detail significant and reasonable progress. It is recommended that this plan be for two terms, unless graduating.

**Term/Year:**  
/  
**Course (Subject & Number)**  
**Credit Hours**  
**Course (Subject & Number)**  
**Credit Hours**

**Required Minimum Semester GPA:**

Name of Academic Advisor or Director of Graduate Studies  
Academic Advisor or Director of Graduate Studies Signature  
Date

Last updated 11/13/2019
Satisfactory Academic Progress Appeal 2019-2020

Student’s Name: ________________________________ Emory ID (EMPL): __________________________

Email Note: Communications regarding this request will be sent via email to the student’s email address marked as preferred in OPUS.

Last 4 Digits of Student SSN (if ID Number Unknown):

D: CERTIFICATION STATEMENT

I agree to this SAP Academic Plan. I understand that failure to follow and complete this plan will result in suspension from federal and institutional aid. I acknowledge that I am responsible for reading and acting upon (when necessary) the information sent to my email account that is marked as preferred in OPUS. I certify that the information I am providing is true, complete, and correct to the best of my knowledge, that all copies are unaltered, that I have appropriately obtained all supporting documentation. I also authorize the Office of Financial Aid to verify any submitted information. My personal statement explaining my circumstances is attached. I have read and understand the SAP Standards Policy and understand that submitting this form does not guarantee that my request will be granted.

Student’s Signature ____________________________________ Date ________________

Appeal Committee Use Only

Committee Review Date: __________________________ Signature of Deciding Party: __________________________

Action Taken:

☐ Approved
☐ Denied
☐ Additional Information Needed

For Approved:

Probation Term approved __________________________

# of probation terms __________________________

# of credits approved __________________________

Review comments (required):

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

☐ Meet with student
☐ Complete an academic plan, section C
☐ Confirm the number of semesters to complete degree: _____
☐ Confirm the number of credits to complete degree: _____

Last updated 11/13/2019