EMORY UNIVERSITY

# APPEAL DIRECTIONS FOR STUDENTS (the Appeal Form starts on page 3):

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 are not meeting the minimum Satisfactory Academic Progress (SAP) standards, your access to Financial Aid for the next academic year will be suspended, and you will receive an e-mail notifying you of the matter.

The SAP standards necessary to meet SAP can be found on the SAP Policy based on your degree program.

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 meeting SAP.

**Please note that SAP appeals will not be considered until a complete SAP Appeal Packet has been submitted (as described above).**

The Office of Financial Aid will work toward notifying you of its decision within 3 business days from the time you submit your completed Appeal packet.

The Office of Financial Aid recommends that students submit the appeal at least one week before the end of the Add/Drop period in order to receive the decision and if approved, to receive Financial Aid for the semester in question. Appeal packets received after this time may not be reviewed in time for Add/Drop, and reinstatement (if approved) may be postponed until the following semester.

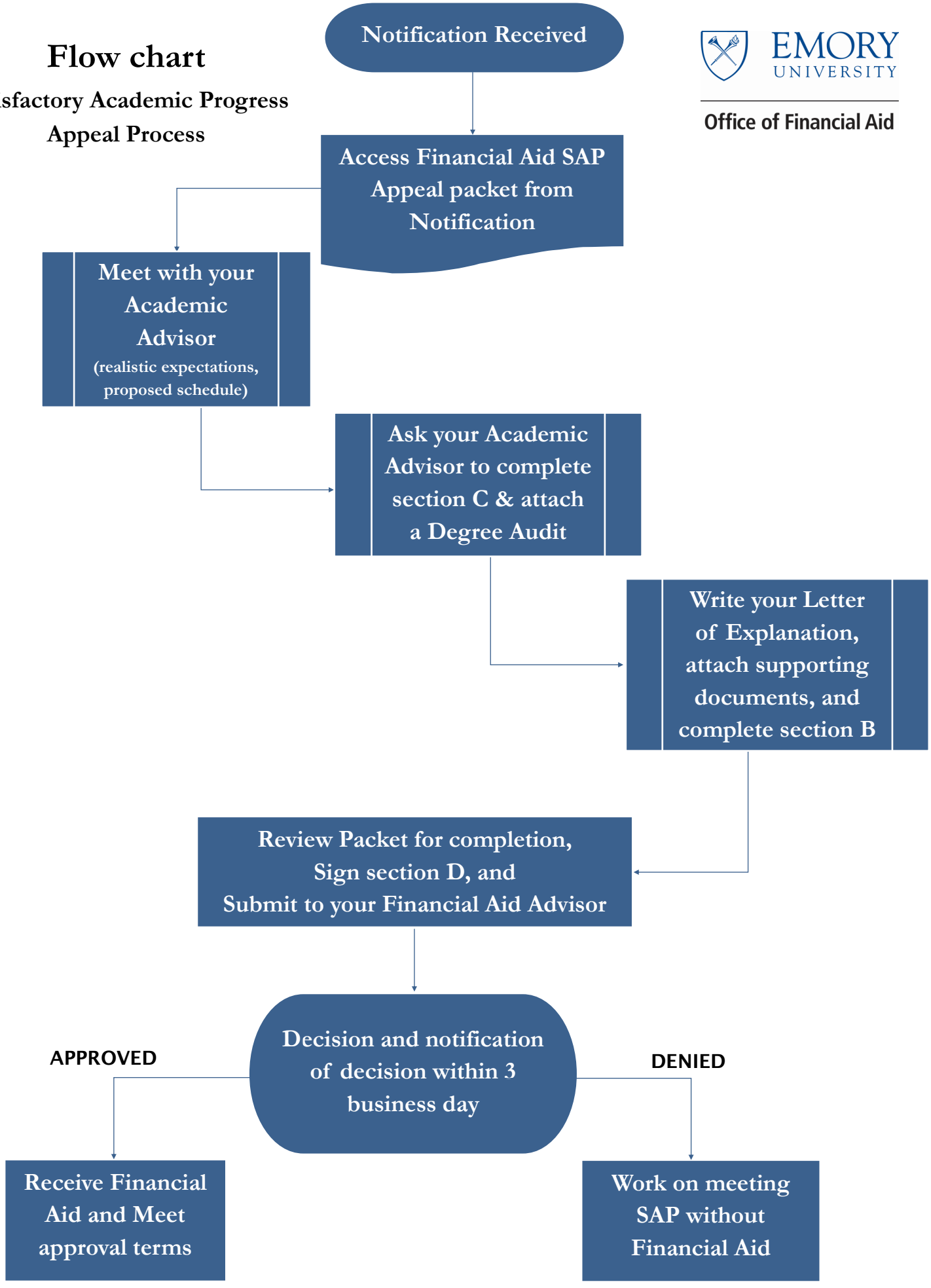
Submitting a SAP appeal does not ensure that your aid will be reinstated, and therefore you should have a back-up plan, if your appeal is denied. If your appeal is denied, or should you choose not to appeal, you can regain eligibility for aid by meeting both the Qualitative and Quantitative requirements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

# Flow chart

## Satisfactory Academic Progress Appeal Process

EMORY UNIVERSITY
Office of Financial Aid



# EMORY UNIVERSITY

## *Satisfactory Academic Progress Appeal 2027-2028*

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300
Atlanta, GA 30322

Phone: 404.27-6039
Fax: 404.727-6709
Email: finaid@emory.edu

| **Student 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):** XXX - XX - _____ |

**A: WRITTEN EXPLANATION OF SPECIAL CIRCUMSTANCES**

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

1. What are 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 do you plan to maintain your financial aid eligibility during the most recent term, considering these circumstances?
3. What has changed in your situation that will allow you to make satisfactory progress at the next evaluation?

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

| ☑ | REASON FOR APPEAL | REQUIRED SUPPORTING DOCUMENTATION |
|---|---|---|
| ☐ | 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.<br>☐ 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<br>☐ A copy of an obituary |
| ☐ | Illness, accident, or injury of a significant person in the student's life | ☐ A physician's statement<br>☐ A police report<br>☐ A hospital billing statement<br>☐ 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<br>☐ A petition for dissolution of marriage<br>☐ A letter from an attorney on law firm letterhead<br>☐ 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<br>☐ 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 improves enough to meet the minimum GPA required.
- I understand that a I am not permitted to withdraw 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 a I am not permitted to withdraw 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 a I am not permitted to withdraw 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:** |

**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: / | | Term/Year: / | |
|---|---|---|---|
| Course (Subject & Number) | Credit Hours | Course (Subject & Number) | Credit Hours |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Required Minimum Semester GPA: | |

**Complete each item:**
**Academic Advisor or Director of Graduate Studies has:**

☐ Met with student ☐ Completed section C: the Academic Plan

☐ Confirm the number of semesters to complete degree: _____ ☐ Confirm the number of credits to complete degree: _____

| **Academic Advisor or Director of Graduate Studies Name:** | **Academic Advisor or Director of Graduate Studies Signature and Date:** |
|---|---|
| | |

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# EMORY UNIVERSITY

***Satisfactory Academic Progress Appeal 2027-2028***

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300
Atlanta, GA 30322

Phone: 404.27-6039
Fax: 404.727-6709
Email: finaid@emory.edu

| **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):** XXX - XX - _____ |

**D: CERTIFICATION STATEMENT**

I agree to this SAP Appeal Academic Plan. I understand that failure to follow and complete this plan will result in suspension from Federal and Institutional Financial 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 with supporting documentation. 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:**<br>☐ **Approved**<br>☐ **Denied**<br>☐ **Additional Information Needed** | **For Approved:**<br>**Probation Term approved** _____<br>**# of probation terms** _____<br>**# of credits approved** _____ |
| Review comments (required):<br>_____<br>_____<br>_____<br>_____<br>_____ | |

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