

Return this form and all documentation to:



## Office of Financial Aid

112 College Road  
Loch Sheldrake, NY 12759  
Email: [finaid@sunysullivan.edu](mailto:finaid@sunysullivan.edu)  
Fax: (845)434-0014

### Federal Satisfactory Academic Progress Appeal Application

#### **Student Information:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

#### **How do I appeal?**

This form is to be used students who wish to appeal the loss of their Federal Title IV financial aid at SUNY Sullivan. Federal Title IV aid includes Pell grants, Student Federal Direct loans, and Parent Loans for Undergraduate Students (PLUS). Appeals will be considered by the Satisfactory Academic Progress Appeal Committee.

Here is what to include in your Appeal Packet:

1. This appeal form, completed and signed.
2. A typed letter explaining:  
Why you did not meet the SAP standard(s)?
  - Provide a detailed explanation of these factors.
  - Changes in your situation to allow to be a successful student going forward.
3. Include with your Appeal Packet any and all applicable documentation to support your statement. Documentation can include (but not be limited to): death certificate, police report, insurance claim, doctor's office visit, statement(s) from a disinterested 3<sup>rd</sup> party, etc.
4. A detailed plan of how you will meet SAP standards going forward and a plan for graduation.

Submit your complete Appeal Packet to the Financial Aid Office.

(over)

- **CERTIFICATION STATEMENT:**

- I understand that review time may take up to 30 days and I will be notified by mail and email at the addresses provided.
- I understand that the submission of an appeal does not guarantee approval.
- I understand that if I am asked to provide additional documentation to the SAP Appeal Committee, I must do so or my appeal will be denied.
- I understand if denied I will need to make payment arrangements with the Student Billing Office.
- I understand the evaluation of my appeal may be based on all academic history (including previous institutions) whether federal aid was received or not.
- I understand that if an appeal is approved, only Federal Title IV aid will be restored for the following probationary semester.
- I understand that I must be making SAP at the end of the probationary term, or have met the conditions of my academic plan to be eligible for future Federal Title IV aid.
- I understand that I may not appeal the same circumstance again in the future should I not meet the terms of my academic plan.
- I understand that if I register for classes before a decision is made by the SAP Appeal Committee I am responsible for making payment arrangements with the Student Billing Office.
- I understand if approved, I will be placed on a Financial Aid Probationary Plan and Federal financial aid award will be reinstated for one semester. To continue to receive Federal financial aid, I must follow your plan or work yourself back into good SAP. My progress will be evaluated at the end of the probationary semester. I must meet with the Learning Center Staff to formulate My Plan. \_\_\_\_\_ Initial
- I certify that all information provided to the SAP Appeal Committee is true, complete, and accurate to the best of my ability. I also understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

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Student Signature

Date