

**FINLANDIA UNIVERSITY
FINANCIAL AID OFFICE
SATISFACTORY ACADEMIC PROGRESS APPEAL (SAP) FORM**

Name _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I am appealing to have my financial aid eligibility reinstated for the (circle one):

Spring 2018 Summer 2018 Fall 2018

Below please indicate which situation applies to your academic difficulty:

- ☐ **Medical:** If a personal medical problem contributed to your failure to maintain satisfactory academic progress attach a documentation from a medical professional from whom you have received advice or treatment.
- ☐ **Death/Illness:** If the death or an illness of an immediate family member contributed to your lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary, etc.
- ☐ **Military Service:** If you have withdrawn due to military service, please provide documentation.
- ☐ **Other Circumstances:** Please clearly state the circumstances (not listed above) on the **attached page** and provide appropriate documentation

For office use only:

Incomplete Appeal Form Returned to Student on this date: _____

Complete Appeal Form submitted to committee on this date: _____

Appeal Officials signature: _____ Date: _____

Approved _____ Denied _____

Denial Reason:

Please describe how circumstances beyond your control resulted in your inability to maintain the academic standards outlined in Finlandia University's Satisfactory Academic Progress policy.

Please provide an explanation of what has changed that will allow you to make satisfactory academic progress in the future

Please indicate the specific documentation you will be submitting in support of your appeal.

This form is also available online at www.finlandia.edu/financial-aid.html

Signature: _____ Date: _____