



Satisfactory Academic Progress Appeal Form

Student's Name _____ Student I.D. Number _____
Address _____
City _____ State _____ Zip Code _____ E-mail _____
Telephone Number _____ Anticipated Graduation Date _____
Have you submitted a financial aid appeal form previously? _____ Yes _____ No
When do you wish to be reinstated for aid eligibility? Semester _____ Year _____

If you are denied financial aid due to lack of Satisfactory Academic Progress and wish to appeal due to extenuating circumstances, please check the appropriate circumstance(s) and provide the required documentation for that situation. **Documentation cannot be submitted separate from the appeal.** The priority date for Fall Semester appeals to be submitted to the OSFA is July 1, 2009. The priority date for Spring Semester appeals to be submitted to the OSFA is November 15, 2009.

Maximum Time Frame Expired. You have exhausted your eligibility for financial aid. You are expected to complete degree requirements within a maximum time frame based on attempted hours. This time frame cannot exceed 150% of the credits required for completing your degree.

Required Documentation:

- A typed statement from you explaining the extenuating circumstance(s) preventing you from completing your degree within the allotted time frame.
- Signed documentation from your academic advisor, specifying by semester, the classes needed to complete your degree and your graduation date.

Maximum Time Frame Expired Due to a Completed Bachelor's or Associate's Degree. Hours attempted from a previous degree have counted in your maximum time frame.

Required Documentation:

- Signed documentation from your academic advisor stating the number of hours from a previous degree which will count toward your current degree. In addition, your advisor will need to specify, by semester, the classes needed to complete your degree and your anticipated graduation date.

Illness or Injury. You (the student), your spouse, or your dependent children were injured or ill for an extended period of time.

Required Documentation:

- A typed statement from you explaining the extenuating circumstance(s) including the name of the person injured, relationship to you, nature and dates of the illness/injury, name of physician.
- A statement from the appropriate physician.

Death in the Immediate Family (parent/legal guardian, spouse, sibling, dependent child).

Required Documentation:

- A typed statement from you explaining the circumstance(s) including the name of the deceased, relationship to you, and date of death.
- Photocopy of the death certificate.

Other.

- A typed statement from you explaining the extenuating circumstance(s).
- Appropriate documentation substantiating the reason(s) for lack of Satisfactory Academic Progress.

(Signature required on back)

Return this signed form and the required documentation to the Office of Scholarships and Financial Aid, Ball State University, Muncie, IN 47306 or fax to 765-285-2173.

I hereby certify that all information contained in this request is true and complete. I understand that providing false statements or fraudulent documentation will prevent me from receiving financial aid and may lead to fines and/or imprisonment.

Student Signature _____ **Date** _____

For Office Use Only

Professional Judgement Committee Decision: _____ Terms Used _____ Hours Deficient

Reinstated _____ One Semester _____ Denial _____

Special Comments:

SAP Professional _____ Date _____

OSFA Administrator _____ Date _____