BALL STATE UNIVERSITY.
OFFICE OF SCHOLARSHIPS & FINANCIAL AID

Satisfactory Academic Progress Appeal Form

Satisfactory Academic Progress for financial aid is defined as:

1. Maintaining a cumulative GPA consistent with university graduation requirements;
2. Staying on pace to graduate by earning 67% of cumulative attempted hours. Pace is calculated by dividing cumulative hours earned by cumulative hours attempted; and
3. Completing your degree within a maximum time frame.

If your appeal is granted, you have only one semester to raise your GPA and/or to be back on pace to graduate. You will become ineligible for financial aid after that semester if you cannot meet these federal law requirements.

You will need to provide a typed statement explaining the extenuating circumstance(s) as to why you did not maintain satisfactory academic progress and what has changed in your situation that will now allow you to make satisfactory academic progress. Your appeal must include supporting documentation or it will not be considered. Documentation cannot be submitted separate from the appeal.

Priority submission date for Fall Semester appeals: **July 1**
Priority submission date for Spring Semester appeals: **November 15**

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_____

Step One: Condition of Denial

You have become ineligible for financial aid due to one or more of the following conditions (please mark all that apply and supply the necessary information):

You were academically dismissed because your GPA did not meet university graduation requirements.

You have not maintained pace to graduate by failing to earn 67% of attempted hours.
Pace = cumulative hours earned ÷ cumulative hours attempted

You have reached your maximum time frame. This time frame cannot exceed 150% of the credits required for completing your degree.

Step Two: Required Documentation

Mark the box(es) that apply to your situation and attached the required documentation.

_____ 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.

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.

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

Required Documentation:

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

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

SAP Professional_____ Date_____

OSFA Administrator_____ Date_____