

## Financial Aid Office 1801 East Cotati Avenue Rohnert Park, CA 94928

finaid@sonoma.edu sonoma.edu/finaid

Telephone: (707) 664-2389 Fax: (707) 664-4242

# Satisfactory Academic Progress (SAP) Appeal Form

Student Name	SSU I.D.
Academic Advisor Name	Major
Federal Regulations require that the Financial Aid Office at Sonoma State Financial Aid eligibility. Students are evaluated for SAP at the end of each <b>Federal, and/or State Financial Aid and is separate from the Academic</b> on our Satisfactory Academic Progress policy on our website in the Help B fall outside of the scope of the SAP Policy.	academic semester. This policy pertains to Institutional, Policies established by SSU. You can find more information
<ul> <li>You have been placed on Financial Aid Disqualification. You have a rig</li> <li>Signed SAP Appeal Form.</li> <li>A detailed letter explaining your extenuating circumstance(s) that caused you to not meet SAP and your action plan on how you will be successful in future semesters. Make sure you reference every semester you didn't make SAP and not just the last semester.</li> <li>Supporting documentation of your extenuating circumstance(s).</li> </ul>	<ul> <li>Meet with your Academic Advisor and have them sign off on a written plan that will enable you to be</li> </ul>
Financial Aid Disqualification Due to Low GPA or Insufficient P	rogress (PACE)
Check the box that applies:	
Extenuating Medical Circumstances – Attach a detailed letter of explorer professional that you are able to return to SSU.	lanation and a signed statement from your health care
☐ Extenuating Personal Circumstances - Attach a detailed letter of exp	planation and supporting documentation.
☐ <b>Difficulty in completing courses</b> – Attach a detailed letter of explanation	ion.
☐ <b>Death in the immediate family</b> – Please attach a photocopy of the dea	th certificate or copy of obituary with a letter of explanation.
Financial Aid Disqualification Due to Maximum Time Frame/Exc	essive Units
Check the box that applies and complete page two of this appeal:	
☐ I am an undergraduate and some of my transfer credits do not count tow	ward my degree.
☐ I am a graduate student and my course of study has been prolonged. At	tach a detailed letter of explanation.
Other academic situation(s). Attach a letter of explanation.	•
You will be notified via email once the Satisfactory Academic Progress Co process will take 10-15 working days after you have submitted a complete your appeal has been approved.	
Sign This Statement	
Student Signature	Date
Academic Advisor Name (please print)	Academic Advisor Department

Date

Academic Advisor Signature



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# **Completion Plan for Degree/Certificate**

This page is required only if you have been disqualified from financial aid due to Maximum Time Frame/Excessive Units.

List all of the **remaining** courses to be taken, and/or currently in progress, for completion of your degree/certificate. Include general education, major/minor, and concentration requirements. List the term you expect to take each course. This will be compared to your Academic Requirements Report (ARR) in MySSU.

You MUST obtain your major advisor assistance with the completion plan below and have your major advisor sign it.

If you need additional space, include a second sheet. Your appeal will not be reviewed unless all required documents are attached.

Majors(s)	Majors(s) Concentrations(s)						
Minor(s)			Ехрес	cted Graduation D	ate:		
Subject and Catalog #	Course Title		Course Applies t GE Major Minor C	to: Course	e Substitution? which Course)	Semester to be taken	
Requirement for Cr	edential and Master's Candidat	es Or	nly:				
Requirements	Completion of Requirements Details				Date of Completed/to be Completed		
Thesis/Project/Title							
Oral Exam							
Written Exam							
Oral Defense							
Internship Other							
Student Signature				Date			
Major Advisor Name (please print)				Major Advisor I	Department		
Major Advisor Sig	nature			Date			