

Satisfactory Academic Progress Appeal Form

Student Name:	Student ID:
Term and Award Year (Example: Spring 2020):	Date:
In the event that a student fails to maintain satisfactory academic progress a an appeal may be granted in limited circumstances on a case by case basis. I financial aid. Students must remain matriculated to have this appeal reviewe approved.	This form serves as an appeal for reinstatement of
In order to request a satisfactory academic progress appeal please submit t	the following:
 A typed written appeal letter which: Describes the circumstances that prevented you from meeting the circumstances have changed, enabling you to meet take to improve your academic performance. 	·
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I understand that I must ensure that my bill is paid even if an appeal decision be considered for approval. I understand that if this appeal is granted I am in my SAP approval Academic Plan and agree to meet with the Academic Success. I will schedule an appointment with the Academic Success Center (203) 392-8967.	required to meet the conditions that will be outlined uccess Center staff to develop a plan for academic

Certification:

My signature above indicates that the information and documentation I have provided pertaining to this appeal are true and complete to the best of my knowledge. Further, I authorize the Satisfactory Academic Progress Appeals Committee to access my academic and financial records for review of my SAP appeal. I also understand that I am not eligible for financial aid unless I receive approval of this request for reinstatement of financial aid. If this appeal is approved, I understand that the approval is conditional and that my transcript will be evaluated again each semester, once final grades are in, to determine whether I may continue to receive financial aid.

Date: __