Satisfactory Academic Progress Appeal Form for Financial Aid
(Please print neatly - illegible forms will be returned unprocessed)

Name: __________________________ Pitt Student ID: __________________________

Address: _________________________ City, State, Zip: __________________________

Email: ____________________________

Undergraduate  Graduate  Expected graduation date: (month and year) ________________

All students enrolled at the University of Pittsburgh who could be eligible for federal Title IV student financial aid must maintain satisfactory academic progress (SAP) as prescribed by the US Department of Education regulations. Students applying for financial aid from sources provided by the University of Pittsburgh and certain other aid sources must also meet these requirements.

Students do not meet the University and Department of Education SAP requirements will be denied financial aid. Students may appeal the denial based on extenuating circumstances. Students wishing to appeal the denial must document the extenuating circumstances preventing them from meeting SAP guidelines on the SAP Appeal Form. This form must also be signed by a designee from the Dean’s office of student’s school. This signature does not indicate an appeal approval.

A. BASIS FOR APPEAL

1. Check the extenuating circumstance that applies to the reason for your SAP deficiency. **Appeals submitted without supporting documentation will not be considered.**

   ___ Serious medical illness or injury of student. Signed doctor's statement on office letterhead must be included. **Provide explanation below.**

   ___ Death of an immediate family member. Death Certificate, obituary or announcement indicating your relationship must be included. **Provide explanation below.**

   ___ Other special and extenuating circumstances which can be documented. Documentation of circumstances must be submitted. **Provide explanation below.**

2. Explain in detail your extenuating circumstances checked above and the circumstances that caused you to fail to meet SAP. Address all semesters with deficiencies, including withdrawals and non-passing grades that caused you to fall below 67% completion rate and/or a 2.0 cumulative grade point average. **Attach additional page if necessary.**

3. What steps have you taken or will you take to ensure that you will complete all of your course requirements in the future? Please explain changes in your situation since the extenuating circumstances occurred that will allow you complete your course requirements successfully in order to achieve a cumulative 67% completion rate and/or a 2.0 cumulative gpa? **Attach additional page if necessary.**

4. ___ I am appealing having exceeded the 150% timeframe without completing the degree due either to a change in major, a double major, or seeking a second degree. A signed statement from the academic advisor or dean’s
office including all previous attempted credits that will not count toward the new degree and graduation plan, listing terms, required courses, and expected graduation date, must be provided.

B. STUDENT CERTIFICATION

I certify that all of the information I have provided for this appeal is complete and accurate. If this appeal is approved, I understand that I will be placed on financial aid probation status for one semester only and will receive financial aid for one semester only. At the end of the probationary semester, I must meet the conditions of the financial aid SAP policy. If I do not meet these conditions at that time, a second appeal will not be considered and I will become ineligible to receive Title IV and other University of Pittsburgh financial aid.

I understand that if it is clearly not possible for me to achieve SAP during a one semester probationary period, the appeal will be denied. Students that are denied financial aid and whose appeal is denied, may be eligible for the university payment plan and/or certain alternative loans through private lenders.

I am aware of and understand the exceptions to an appeal approval as noted below:

Students awarded a University scholarship through the Office of Admissions and Financial Aid must also maintain a 3.0 cumulative grade point average for the scholarship to be renewed. This requirement cannot be appealed.

Students awarded a Pennsylvania Higher Education Assistance Agency (PHEAA) grant must meet the academic progress standards established by the Commonwealth of PA to have the grant continued. Requests for reinstatement of a PHEAA grant is not covered by this appeal.

The continuation of financial aid awarded by departments or organizations outside the Office of Admissions and Financial Aid are not covered under this appeal.

I understand that all appeal decisions are final.

Student’s Signature: ___________________________ Date: ______________

C. DEAN’S OFFICE ACKNOWLEDGMENT

Dean’s Office:____________________________________________

Dean’s Office Designee Signature: ___________________________ Date: ______________

Print Name: ______________________________________________

Appeal Process and Form Instructions

1. Return this signed form and all required documentation to the address on the front of this form.

2. Unsigned forms will not be processed.

3. Appeals forms submitted without documentation will not be processed.

4. An appeal reviewed by the Committee or signed by the Dean’s office does not guarantee reinstatement of financial aid.

5. The SAP Committee will review your appeal and supporting documentation.

6. Students wishing to submit an appeal should do so in a timely manner after notification of failure to meet SAP requirements. The decision of the SAP Committee will be sent to your Pitt email account within approximately ten (10) business days.

7. All appeal decisions made by the SAP Committee are final.

For FA office use only:

Received: _______ Reviewed: _______

Appeal Approved: _______ Probationary semester: Summer 20__, Fall 20__, Spring 20__

Appeal Denied: _______ Comment for appeal denial:

__________________________________________

__________________________________________

Signature: ___________________________ Date: ______________