

# INSTRUCTIONS FOR COMPLETING THE FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS WRITTEN APPEAL

*The attached form is to be completed if your financial aid eligibility has been suspended and you wish to request that your extenuating or unusual circumstances be considered in order to have your financial aid reinstated.*

## BEFORE SUBMITTING YOUR APPEAL

- You must have completed a Free Application for Federal Student Aid (FAFSA) for the semester you are requesting reinstatement of financial aid.
- You must be an admitted, degree-seeking student at Idaho State University.
- You must be registered for the semester you are requesting reinstatement of financial aid.

## SUBMITTING YOUR APPEAL

- Complete all sections of the appeal form. **Make sure you attach documentation to support your appeal (medical records, physician statement, death notice, etc.). Appeals will not be reviewed without proper documentation.**
- Meet with your academic advisor or College of Technology counselor to complete your **Satisfactory Academic Progress Degree Plan**. You may schedule an appointment to meet with them. Attach a copy of your advisor-approved degree plan to the appeal form. The degree plan must be signed and approved by your advisor. Academic students should meet with their advisor of record or the Dean of their college. College of Technology students should meet with a counselor in Student Services or program instructor in the College of Technology.
- Register for the advisor-approved classes, and
- Return your completed appeal form, documentation, and approved degree plan to: Office of Financial Aid, Idaho State University, 921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077 or fax to (208)282-4755.
- **DEADLINE:** If you are enrolled for a full semester (fall or spring), you must submit your completed appeal no later than the Friday of mid-term week of the semester for which you are requesting reinstatement of your financial aid. If you are enrolled for less than a full semester (i.e. summer session), you must submit your appeal by the midpoint of your enrollment period.

## AFTER YOU SUBMIT YOUR APPEAL

- You will receive a written decision on your appeal.
- If you are notified that you were denied in review, you may schedule an appointment with the appeal committee. In the committee meeting you will be given an opportunity to explain your appeal further and to submit additional information and documentation if appropriate.
- The Appeal Committee will then approve or deny your appeal. The decision of the Appeal Committee is final.
- **If your appeal is approved, you will be placed on a financial aid contract. Read the "Certification and Contract" paragraph on the appeal form carefully as this explains the contract terms. You are responsible for meeting the terms of your contract. You cannot change your advisor approved schedule after the 10<sup>th</sup> day of class. The committee may restrict your academic plan. You will be suspended future financial aid if you do not meet the terms of your contract or do not follow your approved plan.**
- If your appeal is approved, we will continue processing your financial aid application. Prior to determining your award, you will be required to submit any/all requested information. If you have already been awarded, the funds will be available to you based on the disbursement schedule of Idaho State University.

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

FORM SAPWA - IDAHO STATE UNIVERSITY  
SATISFACTORY ACADEMIC PROGRESS  
WRITTEN APPEAL

19-20

SAPWA-20

You have been denied financial aid because you did not meet the satisfactory academic progress requirements in a previous semester. To request reinstatement of your financial aid, you must submit this appeal form, required documentation and an advisor-approved degree plan to:

Office of Financial Aid, Idaho State University, Museum Building, Room 337

921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077

Phone: (208)282-2756

Fax: (208)282-4755

Email: [finaidem@isu.edu](mailto:finaidem@isu.edu)

Web: <https://www.isu.edu/financialaid/forms>

University Place, Bennion Student Union Building, Student Services Office

1784 Science Center Dr, Idaho Falls, ID 83402

Phone: (208)282-7704

\*Student Name: \_\_\_\_\_  
(Use blue or black ink) Last First M.I.

\*ISU ID: \_\_\_\_\_ \*Last 4 Digits of Social Security #: \_\_\_\_\_  
(Find under Academic Tools tab on [BengalWeb](#))

Address: \_\_\_\_\_  
\*Required Street City St Zip

**YOU MUST COMPLETE ALL ITEMS**

1. For what semester are you requesting financial aid reinstatement? (Mark one):  
Fall Semester 2019 \_\_\_\_\_ Spring Semester 2020 \_\_\_\_\_ Summer Session 2020 \_\_\_\_\_
2. What is your current degree or certificate objective? \_\_\_\_\_  
What is your current grade level? \_\_\_\_\_ (i.e. freshman, sophomore, etc.)  
What is your anticipated graduation date? \_\_\_\_\_ (Month/Year)
3. Please attach an explanation of the unusual or extenuating circumstances which prohibited you from meeting the satisfactory academic progress requirements. Please be as specific as possible. **You must attach documentation to verify your explanation.**
4. Please attach an explanation of the changes you have made that will enable you to meet satisfactory academic progress requirements in the future.
5. I have met with my advisor to review my class schedule for the period I am requesting reinstatement of financial aid. I have registered for the approved classes and attached a **Satisfactory Progress Degree Plan** which has been **signed and approved** by my advisor or counselor.

**CERTIFICATION AND CONTRACT:**

I certify that all of the information reported is complete and correct. I understand that I may be asked to provide additional documentation, if needed. I understand that any false information could result in denial, reduction, and/or required repayment of financial aid.

**If my appeal is approved, I agree to pass all of the classes outlined on my advisor-approved degree plan for the appealed semester with a 2.00 semester GPA (3.00 for graduate students).** If I do not meet these terms, I will be denied financial aid for future semesters. I understand that I cannot change my advisor-approved class schedule for the appealed semester after the 10<sup>th</sup> day of classes. I understand if, at the conclusion of the semester, I meet the terms of my contract but still do not meet the overall satisfactory academic progress requirements, I will be allowed to receive financial aid for the subsequent semester on a continuing contract.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FORM SAPAP - IDAHO STATE UNIVERSITY 19-20**  
**SATISFACTORY ACADEMIC PROGRESS DEGREE PLAN**

**PURPOSE:** You have been denied financial aid because you have not met the financial aid satisfactory academic progress requirements. In order to evaluate if federal financial aid can be reinstated, the ISU Office of Financial Aid must verify the exact credit and course requirements needed to complete the stated degree or certificate. Please return this completed form with applicable attachments to:

**Office of Financial Aid, Idaho State University, Museum Building, Room 337**  
**921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077**  
**Phone: (208)282-2756 Fax: (208)282-4755 Email: [finaidem@isu.edu](mailto:finaidem@isu.edu)**  
**Web: <https://www.isu.edu/financialaid/forms>**  
**University Place, Bennion Student Union Building, Student Services Office**  
**1784 Science Center Dr, Idaho Falls, ID 83402 Phone: (208)282-7704**

\*Student Name: \_\_\_\_\_  
 (Use blue or black ink) Last First M.I.

\*ISU ID: \_\_\_\_\_ \*Last 4 Digits of Social Security #: \_\_\_\_\_  
 (Find under Academic Tools tab on BengalWeb)

\*Major: \_\_\_\_\_ \*Degree or Certificate: \_\_\_\_\_  
 \*Required (e.g., BS, BA, etc.)

**Student:** In order to determine how many additional semesters of Financial Aid you need to graduate, complete this form by identifying all remaining requirements (general education, major, minor, electives, upper division, etc.). With the help of your department faculty member, identify the semester in which you plan to take the course. Be sure to bring a copy of your transcript with you when meeting with your faculty advisor or College of Technology counselor.

**Faculty Advisor or College of Technology Counselor:** Please identify in which semester the student should take each course. After this degree plan is completed, please review and sign it verifying that all remaining credits and specific classes needed for the student to graduate are included or for a freshman or sophomore, two years of classes are included. Please make sure only those classes necessary to graduate are listed.

**Anticipated Graduation Date:** \_\_\_\_\_

Semester: _____ Year: _____			Semester: _____ Year: _____			Semester: _____ Year: _____		
Course	Title	Credits	Course	Title	Credits	Course	Title	Credits

Semester: _____ Year: _____			Semester: _____ Year: _____			Semester: _____ Year: _____		
Course	Title	Credits	Course	Title	Credits	Course	Title	Credits

**Attach additional pages if necessary.**

*I have met with this student and verify the classes listed here are needed to graduate in the identified major.*  
 I confirm that only those classes necessary to graduate are listed.

Advisor Name (print): \_\_\_\_\_ College: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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