



Satisfactory Academic Progress (SAP) Appeal Form

Student Name: _____ CWID: _____ Cell Phone: _____

Appeal Semester: Fall _____ Spring _____ Summer _____

Federal regulations require that schools monitor the academic progress of each applicant for federal financial assistance and that the school certify the applicant is making satisfactory academic progress toward earning his/her degree. This determination of progress must be made after each term and before the Office of Financial Assistance disburses any financial aid funds for the subsequent semester.

The policy and guidelines are published on our [website](#).

Indicate the Reason for the Appeal – (check all that apply):

- My Pepperdine cumulative grade point average is below 2.0
- I have not successfully completed 67% of my cumulative credits attempted
- My total credits attempted have exceeded 150% of the number required for my program of study

Students who are not meeting these published standards will not be eligible to receive aid from federal, state, private, or institutional aid programs.

Right to Appeal:

You have the right to appeal decisions of ineligibility to continue to receive financial assistance. Your appeal must be completed within the stated deadline but no later than thirty days of financial assistance suspension. The appeal must be in writing from the student to the [Director of Financial Assistance, Janet Lockhart](#). The appeal may not be based upon your need for the assistance OR your lack of knowledge that your assistance was in jeopardy. An appeal is normally based on some unusual situation or condition which prevented you from passing more of your courses, or which necessitated that you withdraw from classes.

Examples of possible situations include documented serious illness, severe injury, or death of a family member. If you do not have grounds for an appeal, or if your appeal is denied, you may still be able to regain your eligibility for future semesters. This is done by enrolling at your own expense without financial assistance and/or securing a private/alternative loan.

If you wish to appeal, please follow the instructions below.

Complete this form and attach the following documentation:

1. LETTER OF EXPLANATION FOR REQUESTING AN APPEAL:

Return This Form and All Required Documentation To:

Pepperdine University • Seaver College • Office of Financial Assistance

24255 Pacific Coast Highway • Malibu • California • 90263-4301 • Phone (310) 506-4301 • Fax (310) 506-4746

You must provide a signed letter of explanation detailing the problem, the nature of the problem, how your studies were affected, and how the problem will be resolved.

2. REQUIRED SUPPORTING DOCUMENTATION:

- A copy of your [Degree Audit Report](#) (DAR)
- If you or an immediate family member experienced a serious injury, illness or mental health condition, please attach a statement from your physician or mental health professional, reflecting date(s) of occurrence/treatment
- If you experienced the death of a family member, please attach a copy of the death certificate, paper obituary/link to online obituary, or statement from physician
- If you experienced other circumstances beyond your control, please attach documentation that supports the situation

Is this your first appeal regarding SAP? _____

If this is not your first appeal, please explain why an additional request is needed, what is different in your situation and how you plan to complete the minimum requirements if your situation does not change. Supporting documentation must be attached.

REMEMBER: All appeals MUST include the following:

1. This Appeal Form
2. Signed Letter of explanation
3. All relevant supporting documents

The Appeals Committee will review everything that is submitted. The Committee decision will be provided to complete appeals within 15 working days of the deadline or submitted date to your Pepperdine e-mail address.

STUDENT CERTIFICATION: I certify that I have read and understand the Satisfactory Academic Progress Policy and the Guidelines applicable to my academic standing. I certify by signing this form that all information contained within is true, complete and accurate to the best of my knowledge. I understand that any false misrepresentations will cause a reduction, denial, and/or repayment of financial assistance. I understand that incomplete/lack of supporting documentation appeals will not receive a decision. If I have questions I will contact Academic Advising or the Office of Financial Assistance.

Student Signature/Date _____

Submit this form and all required documentation to:

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