

# Satisfactory Academic Progress (SAP) Appeal Form

Student Name:		CWID:	Cell Phone:
Appeal Semester:	Fall	Spring	Summer
financial assistance and toward earning his/her	that the school degree. This de	certify the applicant is maki	ress of each applicant for federal ng satisfactory academic progress be made after each term and d funds for the subsequent
The policy and guidelin	es are publishe	d on our website.	
Indicate the Reason	n for the Ap	peal – (check all that ap	oply):
☐ My Pepperdine cum	ulative grade p	point average is below 2.0	
☐ I have not successfu	lly completed (	67% of my cumulative credit	s attempted
☐ My total credits atte	mpted have exc	ceeded 150% of the number	required for my program of study
Students who are not m federal, state or instituti	•	blished standards will not be	eligible to receive aid from

## 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 addressed to the Executive Director of University Financial Assistance. 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:

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)
- A copy of your completed SAP Plan signed by your advisor(s)
- 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

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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. Your SAP Plan
- 3. Signed Letter of explanation
- 4. 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	)
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