Satisfactory Academic Progress Appeal

Students who have had their financial aid suspended because they did not meet the requirements of the Satisfactory Academic Progress (SAP) Policy may submit an appeal requesting the continuation of their aid for one semester.

This form, and any other supporting documentation, must be submitted to Financial Aid at the address below, emailed to financialaid@ClarksSummitU.edu, or faxed to 570.585.9470 within **30 days** of the end of the failed term.

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| --- | --- |
| Student Name (please print)       | Last 4 digits of SSN       |

Academic Year 20\_\_\_\_-20\_\_\_\_

Reason for the Appeal

[ ] Medical

[ ] Personal Emergency

[ ] Other

Describe the extenuating circumstances that impacted your academic performance (the writable area will expand as you type):

Future Success

Describe, in detail, the steps you will take to ensure academic success in the future (the writable area will expand as you type):

Additional Documentation

In addition to this form, you must submit additional documentation from an objective third party supporting the statements above. This statement may be from a doctor, counselor, pastor, resident director, etc. This statement may NOT be from a fellow student or family member.

Statement of Certification and Understanding

* I certify that all of the information provided is complete and accurate to the best of my knowledge.
* I understand that all appeals are reviewed on a case-by-case basis and that this written request does not guarantee that my financial aid will be reinstated.
* I understand that I must still pay the charges incurred, regardless of the status of this appeal form, and that I will be responsible for any fees incurred if payment is not made on time.
* I understand that I am only allowed one semester of appeal if it is approved.
* I promise to follow the steps described in the "Future Success" section to the best of my ability.

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| --- | --- |
| Student Signature  | Date  |