

Financial Aid Staff Signature: _

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

Any student whose financial aid eligibility has been suspended, and who is eligible to appeal and chooses to do so, should complete this form, sign it, and submit it to the Brenau University Office of Financial Aid, along with all required documentation as noted below.

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PERSOI	NAL INFORMATION	
Student Name:		Student ID#:
Academic Major:		Expected Graduation Date:
Student Signature:		Date:
STEP 1		
Compo	ose a typed and signed appeal letter that includes your r ary of your reason(s) for an appeal (examples below) an	
	Why did you fail to make Satisfactory Academic Progr What has changed about your situation that will help (typically the next semester of enrollment)?	ress (SAP)? to ensure that you will make SAP at the next evaluation point
Э ТЕР 2	·	
Check 1	the reason(s) below that you were unable to maintain S	SAP and include the required documentation with your appeal.
	REASON FOR APPEAL	REQUIRED DOCUMENTATION
	Serious injury or illness (physical or mental) of the student or an immediate family member	Statement from physician or mental health professional indicating date(s) of occurrence/treatment or hospitalization
	Death of immediate family member	Copy of death certificate or obituary identifying student's relation to deceased
٥	Personal or Family crisis (divorce, childcare issues, unemployment of primary family provider, domestic violence, work demands, etc.)	Documentation that supports the specific situation (i.e., employment termination letter, divorce decree, police report, etc.) and/or a letter of support from someone who can substantiate the specific circumstances (i.e., attorney, clergy member, social worker, physician, mental health professional, employer or other professional). Letters from friends or family members are not acceptable documentation.
	Reached maximum time frame for degree completion	N/A
Office of Mail or	t this completed form, a typed and signed appeal letter, of Financial Aid via fax to 770.538.4306 or via email to f nly.)	, and any required supporting documentation to the Brenau inancialaid@brenau.edu. (If using email, please use Brenau Tig
	FFICE USE ONLY - DO NOT COMPLETE BELOW THIS LINE	
	n be attained in the next semester: $\Box Y \Box N$	Committee review: □Approved □Denied
f appro	oved, academic plan required: $\Box Y \ \Box N$	
Remarl	ks:	