Graduate Student Financial Services

Satisfactory Academic Progress Appeal

APU ID#: ___________________________ Academic Program: ___________________________

Name: ___________________________________________ ___________________________ M.J.

Last                                                                                         First                                                                                                           

This form has three Sections. All sections must be completed in full before this appeal can be considered for review. This appeal must be received within 30 days of your receiving the Financial Aid Suspension Notification. It is the student’s responsibility to scan and email this completed form to their assigned Student Account Counselor: www.apu.edu/graduateprofessionalcenter/sfs/counselors. You may also mail or fax this form to the Graduate SFS Office: Azusa Pacific University • Graduate and Professional Center SFS • P.O. Box 7000 • Azusa, CA• 91702 • Fax: 626-815-4545 • Phone: 626-815-4570

Section 1: Life Skills Completion

• Complete any 2 financial literacy sessions online from Life Skills with a 70% or higher score. Life Skills log in instructions are available at: http://www.apu.edu/graduateprofessionalcenter/sfs/financialaid/loans/managedebt/

• APU will automatically receive notification when you have successfully completed your lessons. For expedited processing, submit a printed confirmation of 2 Life Skills sessions and scores along with this petition.

Section 2: Letter of Explanation

1. What special circumstances prevented you from meeting the Satisfactory Academic Progress requirements? Attach supporting documentation and/or additional pages for explanation:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

2. What has now changed in your circumstances that will enable you to be successful academically? Also explain what steps you will take to meet Satisfactory Academic Progress in the future:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Student Signature ___________________________ Date: _______/_____/________

Internal Use Only

DECISION: □ Approved □ Denied

Comments: _________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

Management Staff Signature(s): ___________________________________________________________ Date: _______/_____/________
Graduate Student Financial Services
Satisfactory Academic Progress Appeal

APU ID#: ____________________________ Academic Program: _______________________________________________________

Name: ____________________________  ____________________________  _______
Last                                                                                         First                                                                                                           M.I.

Section 3: Academic Plan

1) Is this your first SAP Appeal?  □ Yes  □ No

2) Reason for SAP Appeal:  □ Low GPA  □ Insufficient Units Completion  □ Maximum time frame reached

3) Anticipated Graduation Date for your program: ____________________________

Create an academic plan with a member of your academic department (i.e. academic advisor) that will demonstrate successful progress toward meeting Satisfactory Academic Progress (SAP) by the end of your program. If your appeal is approved, you must continue to meet the terms of this academic plan as well as any other requirements as listed in your appeal approval letter in order to continue receiving financial aid. For more details, refer to: www.apu.edu/graduateprofessionalcenter/sfs/financialaid/policies/

Example

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<th>Term: Fall 2015</th>
<th>Current Term: __________</th>
<th>2nd Term: __________</th>
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<tr>
<td>Course</td>
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<td>Course</td>
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<td></td>
</tr>
<tr>
<td>GRAD 502</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GRAD 503</td>
<td>3</td>
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<table>
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<tr>
<th>3rd Term: __________</th>
<th>4th Term: __________</th>
<th>5th Term: __________</th>
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</thead>
<tbody>
<tr>
<td>Course</td>
<td>Units</td>
<td>Course</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To be completed by a member of your academic department (i.e. academic advisor):

Is student retaking any courses?  □ NO  □ YES (Please indicate course # and when they will be repeating below)

Additional terms of plan or comments:
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Reviewed By (Print Name and Title): ______________________________________________________________________________

Signature:________________________________________________________________          Date: ______/_______/________

***I certify that this academic plan was reviewed and approved to meet Satisfactory Academic Progress requirements. ***