



Satisfactory Academic Progress Appeal

APU ID#: _____ Academic Program: _____

Name: _____

_____ Last

_____ First

_____ M.I.

This form has two 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 the Student Services Center at ssc@apu.edu. You may also mail or fax this form to the Student Services Center: Azusa Pacific University • Student Services Center • P.O. Box 7000 • Azusa, CA • 91702 • Fax: 626-815-3809 • Phone: 626-815-2020

Section 1: Letter of Explanation

1. What special circumstances prevented you from meeting the Satisfactory Academic Progress requirements? You must attach supporting documentation (ie. Doctor's note, third party statement, etc...).

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: ____/____/____



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Section 2: Academic Plan

1) Is this your first SAP Appeal? ☐ Yes ☐ No2) Reason for SAP Appeal: ☐ Low GPA ☐ Insufficient Units Completion ☐ Maximum time frame reached

3) Anticipated Graduation Date for your program: _____

You are required to complete this section 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

Term: Fall 2022	
Course	Units
GRAD 501	3
GRAD 502	3
GRAD 503	3

Current Term: _____	
Course	Units

2 nd Term: _____	
Course	Units

3 rd Term: _____	
Course	Units

4 th Term: _____	
Course	Units

5 th Term: _____	
Course	Units

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. ***