Lock Haven University Satisfactory Academic Progress (SAP) Appeal

Student Name: ____________________________________________________________

LHU Student ID #: ____________ Phone #: __________________

Expected College Graduation Date (mm/yy): ____________________________

TERM that you are appealing for (indicate the year, ex. 2014):  ☐ Fall  ☐ Spring  ☐ Summer

DUE DATE: The appeal form, personal statement, and any supporting documentation must be submitted to the Financial Aid Office no later than the first day of the applicable term. Due to extenuating circumstances, the SAP Appeals Committee may extend the due date, provided that the student includes an explanation in the personal statement as to why the appeal is being submitted late.

PLEASE NOTE:

- Examples of acceptable circumstances for appeal may include:
  - The death of an immediate family member; a student’s serious injury/illness; a serious illness/injury of an immediate family member; catastrophic loss such as flood, fire; and other special circumstances as determined by the SAP Appeals Committee that can be effectively documented by the student and verified by a third party.
  - Subsequent appeals for the same circumstance will not be accepted or approved.
  - Any incomplete grades must be complete before submitting an appeal.
  - Students are still responsible for paying their student bills by the required due date, regardless of the outcome of the appeal.

CURRENT SAP STATUS / APPEAL REQUIREMENTS: Please check the appropriate box and provide all of the items listed below each type of appeal. Only complete appeals will be reviewed.

☐ Financial Aid Suspension
  1. A signed, typed/written, personal statement from the student that fully explains:
     a. The extraordinary circumstances that affected the student’s ability to do well academically,
     b. How those circumstances directly affected academic performance and the time period in question,
     c. How the circumstances were resolved, and
     d. The measurable steps taken to prevent the problem from negatively affecting academic performance again.
  2. Official documentation or letter from a professional:
     a. This item should effectively document and verify the circumstances of the appeal
     b. It should contain specific details about the circumstances, including time period of when it occurred and how the situation has been resolved.
     c. If a letter is provided, the professional who prepares it would have first-hand knowledge of the circumstances and should be a counselor, physician, clergyman/minister, police officer, or other professional who is very much aware of the circumstances. For verification purposes, the letter must be on agency letterhead and it should include the professional’s name, address, and phone number.
  3. A letter from the academic advisor that addresses the academic plan going forward.

☐ Maximum Time Suspension: Please provide the following items
  1. A signed, typed/written, personal statement from the student that fully explains the reason(s) for attempting an excessive amount of credits without meeting requirements of the educational program.
  2. A graduation plan signed by the academic advisor. The graduation plan should specify the necessary courses by credits and semester that are necessary to earn the requirements of the degree.

Once your complete appeal is received, it will be reviewed by the SAP Appeals Committee. On occasion the committee may request additional documentation. Typically decisions are made within 2 weeks of receiving the appeal information. Once a decision is made, you will receive a response by letter and email to your LHUP email account.

_________________________________________  ____________________________
Student Signature                                    Date