Satisfactory Academic Progress Financial Aid
Appeal for Waiver Form

Syracuse University is required by federal regulation to ensure students receiving financial aid, or wishing to receive financial aid, make academic progress toward degree completion. Annually, at the end of the spring semester, students are reviewed to verify the minimum number of credits and the minimum required cumulative grade point average have been attained. If you are ineligible for financial aid due to these standards and you would like to appeal, please complete the attached form. Note: credits and grades earned at institutions other than Syracuse University are not considered in the GPA calculation, but are included in your attempted and earned calculation for meeting pace. Read more at financialaid.syr.edu/policies.

The Syracuse University appeal committee will begin reviewing complete appeals in July, in the order in which they are received. Complete appeals must be received by the Office of Financial Aid and Scholarship Programs no later than August 15th for the fall semester or January 6th for the spring semester. Failure to submit a complete appeal form with supporting documentation will result in a delay in your review, or denial of the appeal.

Satisfactory Academic Progress Requirements

Minimum Credit Hours
Full time undergraduate students must successfully complete 67% of all attempted credits. Attempted and completed credits include all transfer credits.

Minimum Grade Point Average (GPA)
Students must have attained a 2.0 cumulative GPA at the end of four (4) full time semesters.

Maximum Time Frame
Students must complete a degree program in a maximum timeframe of no more than 150% of the average length of the program (180 credits for a 120 credit degree).

Appeal Form Instructions

• Section I: Completed by the student.
• Section II: Academic plan (OPTIONAL) completed and signed by an academic advisor.

Unless otherwise noted, complete and return all forms to:
Office of Financial Aid and Scholarship Programs
Syracuse University
200 Bowne Hall
Syracuse NY 13244-1140

Federal SAP Waiver Request
Syracuse University 2016-2017 SAP Appeal Form

Section I: To be completed by the STUDENT

Name: ____________________________________________ SUID: _______________________

Email Address: _______________________________ Phone #: ___________________________

Attach all documentation in support of your statements below as appropriate. If additional space is necessary, attach separately.

If your extenuating circumstances are the result of a documented medical leave of absence from Syracuse University, medical documentation will not be required to be attached to this form. Your documents are already on file with the University.

If you wish to keep confidential your extenuating circumstances because they are the result of mental health, sexual assault, relationship violence and/or substance abuse issues, you may submit a request to the Counseling Center, 200 Walnut Place, Syracuse NY 13244 asking that they forward a letter to the Office of Financial Aid and Scholarship Programs indicating you have been in contact with them and that your extenuating circumstances impacted your academic performance.

Summarize the circumstances related to why you did not meet Satisfactory Academic Progress standards (If more space is needed please attach a separate page):

____________________________________________________________________________
____________________________________________________________________________
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____________________________________________________________________________

Describe any adjustments you have made that will help resolve the issues listed above (If more space is needed please attach a separate page):

____________________________________________________________________________
____________________________________________________________________________
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____________________________________________________________________________
____________________________________________________________________________

Name: ____________________________________________ SUID: _______________________

Federal SAP Waiver Request
Student Certification – to be completed by the student

I am appealing for reinstatement of financial aid eligibility.

Please check one:

☐ I am planning to make up all deficiencies to meet SAP within one semester of probation. I am enclosing an explanation of my extenuating circumstances along with supporting documentation.

☐ I am unable to make up all deficiencies to meet SAP within one semester. I am enclosing an explanation of my extenuating circumstances, supporting documentation, and the academic plan completed with my academic advisor. I understand that I must strictly follow the academic plan and continue to meet all other SAP requirements in order to be eligible for financial aid in future semesters.

I further understand that submission of this appeal does not guarantee of my federal and institutional financial assistance.

If I fail to meet SAP within one semester, or fail to meet the requirements of my academic plan, my financial aid will be suspended until all components of SAP have been met at the end of the next evaluation period.

Student Signature: ________________________________

Date: ________________

Return to:
Office of Financial Aid and Scholarship Programs
Syracuse University
200 Bowne Hall
Syracuse, NY 13244
Section II: Academic Plan – to be completed by the Academic Advisor

Please discuss with the student his or her academic performance and goals in regard to Satisfactory Academic Progress (SAP). The academic plan must be completed by the academic advisor and signed by the student.

An academic plan is required only if the student:
- will be unable to make up all deficiencies to meet SAP within one semester, or
- will be exceeding the maximum time frame.

SAP standards are published on the Policy page of the Financial Aid website, financialaid.syr.edu/policies.

Student Name: ____________________________________________ SU ID: ______________

SAP failure is based on the following measure(s). Check all that apply:
- GPA (2.0) After four (4) full time semesters
- Maximum Timeframe
- Pace

Section III: Minimum Credit and GPA Requirements

Please use the section below to indicate the minimum credit and GPA requirements the student must complete per semester in order to meet SAP. Students wishing to transfer to another academic department may have additional academic requirements.

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 2</th>
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<tbody>
<tr>
<td>Term:</td>
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<tr>
<td>Minimum number of credits the student must successfully complete:</td>
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<td>Minimum semester GPA:</td>
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Please note:
- Minimum requirements must be met within a maximum of two additional semesters of enrollment unless extreme extenuating circumstances exist and are noted in the academic plan.
- The student must meet the academic plan EACH semester as outlined above or be back in compliance at the end of the term.

Academic Advisor Approval:
________________________________________________________

Print Advisor name and title

Academic Advisor Signature: ____________________________ Date: ___________

Student Signature: ____________________________ Date: ___________

Federal SAP Waiver Request