

# **SHIPPENSBURG UNIVERSITY FINANCIAL AID APPEAL FORM**

**Before completing this form, please note:** If you are planning to complete additional coursework, finish incomplete work or are expecting a grade change that will resolve your academic progress deficiency, please do not complete this form. To notify our office you have completed additional coursework, please submit the SAP Deficiency Form available on the Financial Aid Office Forms & Links page.

**Name:** \_\_\_\_\_ **SU ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **List the number of credits for which you  
Term of Appeal:** \_\_\_\_\_ **plan to register:** \_\_\_\_\_

The deadline to submit your appeal is the first day of the term. Appeals received after the first day will be considered late and reviewed on a case by case basis.

I am appealing the loss of my eligibility for federal aid due to one of the following extenuating circumstances:		
_____ Student Injury or Illness	_____ Illness or Death in family	_____ Other

In support of my case I am providing, along with this completed and signed form, the following information:

1. An APPEAL LETTER, type written and no longer than one page, that explains (1) my circumstances and how my circumstances caused my failure to make satisfactory progress and (2) what has changed in my situation that will allow me to make satisfactory progress at the next evaluation.
2. Appropriate third party documentation to verify what I stated in my APPEAL LETTER. Appeals submitted without the appropriate third party documentation will be denied.

If your appeal is based on student injury or illness, please submit a letter from the attending physician, therapist or counselor. This letter must be on their office letterhead and signed by the medical professional providing the statement. We will not accept medical records or a prescription from a medical professional.

If your appeal is based on the illness or death of a family member, please submit documentation for the illness/death of a family member and proof of your relationship to that person.

**Appeals based on being unaware of the Academic Progress Policy will not be considered as this policy is published in the Undergraduate and Graduate Catalogs, and online at [http://www.ship.edu/Financial\\_Aid/Academic\\_Progress/](http://www.ship.edu/Financial_Aid/Academic_Progress/).**

I give permission to the Financial Aid Committee to review my financial aid records, my academic records, and my judicial records, which are on file at Shippensburg University.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RETURN TO: Financial Aid Office  
Shippensburg University  
1871 Old Main Drive OM101  
Shippensburg, PA 17257  
Fax to: 717-477-4028  
Email to: [finaid-sap@ship.edu](mailto:finaid-sap@ship.edu)