

SHIPPENSBURG UNIVERSITY FINANCIAL AID APPEAL FORM

Name: _____

SU ID #: _____

Address: _____

Phone #: _____

Term of Appeal: FALL SPRING SUMMER YEAR _____

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.

SECTION ONE: WHY AM I APPEALING THE LOSS OF MY AID?	
Check One:	In your letter of appeal provide the following information:
___ Student Injury or Illness	Explain the nature of your illness or injury (including dates) in your appeal letter. Attach a statement 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 <u>not</u> accept medical records or a prescription pad note.
___ Death of an immediate family member (Parent, Grandparent or Sibling)	State the relationship of the deceased to you in your appeal letter. Attach a copy of the death certificate or notice.
___ Illness or Injury of an immediate family member (Parent, Grandparent or Sibling)	State the relationship of the ill/injured person to you and explain the nature of the illness or injury (including dates) in your appeal letter. Attach a statement 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 <u>not</u> accept medical records or a prescription pad note.
___ Other extenuating circumstance	These would be circumstances outside of your control. In your appeal letter explain the reason you failed to make satisfactory academic progress. If available, provide documentation to support the reason(s) you state in your appeal letter.

SECTION TWO: MY APPEAL LETTER
<p>Typewritten and no longer than one page that includes the following information:</p> <ol style="list-style-type: none"> 1. Explain the reason (as selected in Section One) that you failed to meet the SAP requirements. Focus on the particular terms and/or courses for which you registered but did not earn the credits or earned less than the minimum required GPA. Be specific but concise in your explanation. 2. Describe what has changed in your situation that will allow you to make satisfactory progress at the next evaluation. If you have used any academic resources such as (1) the AIM program, (2) tutoring services through the Learning Center, (3) academic advisement, and/or the SU Counseling Center or Office of Accessibility Resources, please attach proof that you have registered for and/or used these services. 3. Provide third party documentation to support the claim(s) you make in your appeal letter. Refer to documentation required for appeal reason in Section One for guidance. <p>Please note: Appeals based on your need for financial aid and/or being unaware of the academic progress policy are not reasons for reinstatement of financial aid.</p>

SECTION THREE: HOW I PLAN TO REGAIN COMPLIANCE WITH THE SAP REQUIREMENTS

You will find all the information requested in Section 3 on your transcript available in your myShip portal.

A. Calculate your current PACE.

_____ EARNED CREDITS *divided by* _____ ATTEMPTED CREDITS = _____ % PACE

If your current pace is below 67%, please outline a plan for how you will improve your pace to the required 67%:

B. My current cumulative GPA is _____

If your cumulative GPA is below the required minimum, please outline a plan for how you will improve your GPA to the required minimum:

Complete Section C only if you are an undergraduate student with 180+ attempted credits or a graduate student who has attempted more than 150% of the credits required for your degree.

C. TOTAL ATTEMPTED CREDITS = _____

I need _____ number of credits to complete my degree. Please attach a degree audit reviewed with your academic advisor or academic dean's office that details the courses you need to complete your degree.

I plan to complete my degree on _____.

A complete FINANCIAL AID APPEAL will include:

- (1) The Financial Aid Appeal form – completed and signed
- (2) your appeal letter – one page, typed and signed
- (3) third party documentation

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. I certify that the information provided for my appeal is true and accurate. If requested, I agree to provide additional documentation to support the claims I made in my appeal.

Student's Signature: _____

Date: _____

RETURN TO: Financial Aid Office
Shippensburg University
1871 Old Main Drive OM101
Shippensburg, PA 17257

Fax to: 717-477-4028
Scan & Email to: finaid-sap@ship.edu