

Student Financial Services

G-1 Parker Hall, 300 W. 13th Street Rolla, MO 65409

P: 573/341-4282 F: 573/341-4274

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM For Requesting Reinstatement of Financial Aid

Student Information	
First Name:	M.I.:Last Name:
Student ID: Email:	Phone:
Appeal Acknowledgments (Check al	ll fields to confirm you understand — All fields are required)
I have reviewed the Satisfactory Academ	nic Progress (SAP) Policy on-line at <u>sfa.mst.edu/resources/policies/</u> .
	al for failure to meet one or more SAP requirements, which include a attempted credit hours, and/or exceeding the maximum time frame for
I understand I may be asked to provide a	additional documentation to support my reason for the appeal.
I understand that I must submit the appe	eal statement on the second page to complete this form.
Appeal Considerations	
 Appeals must be submitted before the la two (2) weeks, the committee will review 	ast two (2) weeks of the semester to be considered. If submitted in the last α as time permits.
You will receive notification by Missouri decision.	S&T email once the SAP Appeal Committee has reviewed your appeal for
Students who have lost financial aid eliging the use of financial aid programs.	ribility may regain Satisfactory Academic Progress requirements without
By signing below, you acknowledge that you h	have read and will meet the requirements listed above.
Student Signature	Date
D. 6 . 6 . 1 . T 110 . 1	CONTRACTOR CO

Return form to Student Financial Services
In-person/mail: G-1 Parker Hall
300 West 13th Street
Rolla, MO 65409-0250

Fax: 573.341.4274

Submit in Joe'SS: Secure Document Upload (QR Code provided)



Appeal Statement

Please provide in 750 words or less an explanation of:

- 1) why you did not meet SAP requirements,
- 2) what changes have or will occur which will enable improvement, and
- 3) what requirements are needed to regain satisfactory academic progress: