

Financial Aid Satisfactory Academic Progress Appeal Request

Student's name _____ Date _____

Year of study _____ Major _____

Current GPA _____ Is this your first academic progress aid appeal? ___ Y ___N

Please answer each question below in detail. All information will remain confidential and shared only those involved in the appeal process. **Please submit the appeal within two weeks of your SAP notification email.**

1. Describe what occurred that caused your academic difficulty.

2. What do you believe you could have done differently?

3. If approved, what do you plan to do to ensure your future academic success?

4. Is there any additional information related to your appeal that you would like to add?

_____ To the best of my knowledge, all of the above information is correct and accurate.

(Please initial. For example, JD . Once complete, send to financialaid@gmcercyu.edu from your GMercyU email account.)