



## FINANCIAL AID APPEAL APPLICATION PROCEDURES

Return to:

Office of Student Financial Aid & Scholarships

Phone: 225-771-2790

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Email: [financialaid@subr.edu](mailto:financialaid@subr.edu)

T.H. Harris Annex

P.O. Box 9961

Baton Rouge, LA 70813

### **PRIORITY DEADLINE TO SUBMIT APPEAL**

**Fall 2020- July 15th**

**Spring 2021-December 1<sup>st</sup>**

**Summer 2021-May 15th**

### **PLEASE READ CAREFULLY PRIOR TO SUBMITTING APPEAL**

### **NO DOCUMENTATION -AUTOMATIC DENIAL**

If you have experienced any extenuating circumstance that caused you not to meet the Satisfactory Academic Progress (SAP) Standards, you may submit an appeal to have your circumstance reviewed by the SAP Committee. **If you circumstance is due but not limited to, medical reasons, mental, physical or emotionally related, be sure to have documentation that verifies the issue is under proper care. Any repeated circumstances will not be considered!**

**It is your responsibility to ensure the completed appeal form and ALL supporting documentation is submitted together at the same time** to the Office of Student Financial Aid & Scholarships by the deadline listed above for the term in which you are appealing. **Please ensure documentation is in accordance with your unsatisfactory semester(s).** Appeals may be submitted via walk-in, email, or postal mail (must be post marked by the due date). **Incomplete appeals will be denied. Submitting compromised/deceptive documentation will also result in a denial.** Appeals received after the deadline will be reviewed for the next semester. **\*No Exceptions\***

#### **Academic Advisement Sheet**

**It is your responsibility to have your academic advisor or department head complete the advisement sheet** (page 3 this appeal form) and **complete an academic plan.** Select the page that page that is applicable to your SAP status. A decision will not be made without the completion of the academic advisement sheet. **A program of study is NOT accepted in place of the academic advisement sheet.**

#### **Appeal Decision**

**Please include ALL documentation you wish to be considered with this form.** The documentation you provide will be the only representation for the SAP Committee, **as you will not be able to meet with the committee face to face.** Filing an appeal does not guarantee Financial Aid reinstatement. The appeal decision will be based on your letter of circumstance(s) and/or documentation received and your academic record. Your "SUBR Banner" account will be updated accordingly when a decision is made. You may check the status by following these steps: Click the Financial Aid Eligibility tab, Select Aid Year, and Academic Progress. You will also receive a written response via email after your complete appeal has been reviewed.

**If your appeal is denied, you will need to make payment arrangements for term fees are due if you choose to enroll. This will be your ONLY attempt to appeal for the term and/or academic year (example if you submit an appeal for the Fall semester the appeal decision for the Fall semester will be the appeal decision is applicable for the Spring and Summer semesters that you choose to attend for that academic year.**

### **Extenuating Circumstances**

Extenuating circumstances are situations that occur beyond your control. Examples of extenuating circumstances and documentation are:

- Medical Problems (physical or mental)- Original/official statement on letterhead from your physician, hospital or professional counselor which indicates the duration of the illness,, whether the medical or mental condition is under control and whether you are able to attend school;
- Accident/Injury- Original/official Police Report, statement from physician or hospital to support the date of your accident and/or injury, any medical problem(s) that resulted and whether you are able to attend school. ;
- Death of Immediate Family Member- Loss of an immediate family member (parents, grandparents, siblings, spouse, and children) must be documented; examples of documentation may include, but not limited to: an obituary with your name listed, death certificate and/or death announcement. If loss is extended family, please provide notarized statement of significance of relationship.
- Other extenuating Circumstances- Clearly describe your extenuating circumstance, and the duration of the problem that you suffered. Documentation may include, but not limited to notarized statements(s) or letters from professional sources indicating circumstances have improved or been resolved.

**APPEAL APPLICATION**

**CHECK THE SEMESTER OF YOUR APPEAL**

\_\_\_\_\_ **FALL 2020**                      \_\_\_\_\_ **SPRING 2021**                      \_\_\_\_\_ **SUMMER 2021**

<b>Name</b> _____	<b>SID#</b> _____
<b>(Please Print)</b>	
<b>Address:</b> _____	
<b>City/State</b> _____	<b>Zip Code</b> _____
<b>Phone#:</b> _____	<b>Email:</b> _____

**AN INCOMPLETE FORM WILL BE DENIED**

**This academic Evaluation (needs to be assessed by your academic advisor)  
The student listed above is currently on financial aid suspension and is filing an appeal with Financial Aid regarding his/her Satisfactory Academic Progress. This academic evaluation is needed for the appeal semester checked to make a decision on the student's eligibility. A program of study will not be accepted as a substitute.**

**Step 1: STUDENT-**attached letter explaining the circumstance(s) that caused you to not meet the minimum Satisfactory Academic Progress requirements (fail GPA, failed PACE % and/or Maximum Timeframe.) *You must attach supporting documentation*, such as doctor's statement, legal documents, letter from counselor or professor, *and an Academic Plan* from your department head or advisor. If your suspension is due to *Maximum Time Frame*, please include the classes you have remaining and an expected graduation date.

**Step 2: ACADEMIC ADVISOR- Provide ALL information requested below**

- a) **Total Hours Required for Current Degree Program** \_\_\_\_\_
- b) **Total Attempted Hours from Transcript(including any Transfer Hours)** \_\_\_\_\_
- c) **Total Earned Hours toward Degree (including any Transfer Hours)** \_\_\_\_\_
- d) **Total Hours Needed to complete Current Degree Program (A – C = D)** \_\_\_\_\_
- e) **Expected Graduation Date (MM/YEAR)** \_\_\_\_\_

**Your signature indicates that you have discussed expected graduation date, the remaining courses needed for graduation, and the recommended courses for the upcoming term with the student.**

Academic Advisor's Name (Print) _____	Academic Department _____
Academic Advisor's Signature _____	Date _____ Extension _____
Student's Signature _____	Date _____

**This section is to be completed by the Financial Aid Appeals Committee and/or Center for Student Success**

**Pace %** \_\_\_\_\_

**GPA** \_\_\_\_\_

**Appeal Decision** \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Approved Probationary Academic Plan

\_\_\_\_\_ Fall, Spring, & Summer \_\_\_\_\_ Fall only \_\_\_\_\_ Spring only \_\_\_\_\_ Summer Only

**Appeal Committee Signature(s):** \_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Center for Student Success will complete this section**

**Academic Plan**

\_\_\_\_\_ Pass All- 2.5/3.0

\_\_\_\_\_ Pass All- 2.75/3.5

\_\_\_\_\_ Number of credit hours student must take each semester

**Center for Student Success Signature** \_\_\_\_\_

**Date** \_\_\_\_\_