



2019-2020 Satisfactory Academic Progress (SAP) Appeal

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|---------------|------------|----------------|
| Last Name | First Name | HU ID Number |
| Email Address | | Contact Number |

If you have failed to achieve SAP requirement and wish to appeal to have your federal air reinstated, you must submit an appeal **and** supporting documentation. You will receive an email once a decision has been made on the status of your appeal. **Before submitting this form**, please review the University's Satisfactory Academic Progress policy at: <https://www2.howard.edu/student-financial-services/satisfactory-academic-progress>.

Section 1: Required Documentation

- This appeal form** – signed and completed.
- Detailed personal statement** – This should be typed, hand-signed, and dated. Fully describe what occurred, provide specific dates, and explain how this specific situation affected your *academic performance*. Also explain the preventative steps you have taken to ensure that you will be able to meet Satisfactory Academic Progress standards in the future. If you have received an incomplete grade for any classes, provide the time frame for completion. One to two pages should be sufficient to fully explain your situation.
- Supporting documentation** – This may include, but is not limited to, copies of medical documentation, death certificate, statements on a professional letterhead from instructors, physicians, and/or therapists. If submitting letters on your behalf, be sure that they are typed, signed, and dated. If you submitted documentation to your school or advisor, you must still attach the documentation with this form. **All submissions without supporting documentation will be denied.**
- Fall 2019 Deadline for SAP appeals is June 21, 2019**

Section 2: Student Certification

I have read and understand the University's Satisfactory Academic Progress policy which is available at the web address provided at the top of this form. I certify that the information I have provided is accurate and complete. I understand that an incomplete request will be denied. I have attached **ALL** appropriate documentation to verify my statements, and I understand that my appeal will be evaluated based on this documentation. Any false information may be cause for denial, reduction, and/or immediate repayment of all aid. Submission of an appeal does not guarantee reinstatement of eligibility. All committee decisions are final.

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| Signature | Date |
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| For Office Use Only: | |
| Received by: | Date: |
| Type of Appeal: <input type="checkbox"/> Howard GPA: | <input type="checkbox"/> Pace: <input type="checkbox"/> Maximum Time Frame: |
| Meeting Date: | |
| Notes: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending | FAA Initials: _____ Date: _____ |