Federal regulations require that students make Satisfactory Academic Progress (SAP) towards the completion of their degree in accordance with the school’s SAP policy. The University at Buffalo’s Satisfactory Academic Progress policy is available online at: http://financialaid.buffalo.edu/process/sap.php

A student’s federal financial aid eligibility is terminated if the minimum SAP standards are not met after the warning period has ended. However, a student has the right to appeal the loss of federal financial aid eligibility if mitigating circumstances existed (events totally beyond the student’s control) or if student has returned to the University within the last three terms and was absent for a period of 5 or more years.

SUBMISSION DEADLINES:
Summer semester   July 17th
Fall semester     November 15th
Spring semester   April 15th

Instructions

To appeal the loss of your financial aid eligibility, complete page 2 of the appeal form and attach your personal statement along with supporting documentation. Please be advised that incomplete applications or applications lacking sufficient documentation will be denied. Submission of this form does not guarantee the reinstatement of your federal financial aid.

The SAP Appeal Committee will review your appeal and make a final determination regarding your eligibility for federal financial aid for the upcoming semester (all decisions are semester based). If it is determined it will take more than one semester in order to regain good SAP standing, you may be put on an academic plan that outlines what milestones you must meet each semester in order to retain federal financial aid eligibility. You will receive an official email notification to your UB email address regarding the appeal decision within 2-3 weeks from the date your appeal was received by the Financial Aid office.

Personal Statement Requirement

Provide a detailed, personal statement explaining how the mitigating circumstances resulted in your inability to meet the SAP standards. Your statement should include the dates (day/month/semester) of the circumstance and the steps you have taken to prevent these circumstances from affecting your future academic performance.

If you have returned to UB within the last three terms and had been absent for a period of 5 or more years, provide a detailed, personal statement indicating what hindered your success the first time you attended UB and what corrective actions you have taken to be successful since your return.
Student Information

Last Name: __________________ First Name: __________________ Middle I: _____ Person Number: ________________

Permanent Address: ________________________________________________________________

UB Email Address: __________________________ Daytime Phone: (____) _____________________

Anticipated Graduation Date: __________________________

Term Appeal Application is for: ___________________________________

Please select your academic career:  _____ Undergraduate  _____ Graduate  _____ School of Medicine

                                       _____ School of Dental Medicine  _____ School of Pharmacy  _____ School of Law

Reason for Appeal and Required Documentation

Check which criteria you are appealing under and provide the applicable supporting documentation along with your personal statement. If you are appealing due to mitigating circumstances, the circumstances must have occurred within your last three terms of attendance.

☐ Serious illness or injury of student

Attach a written statement from a physician or medical professional on official letterhead and indicate the nature of the illness. Statement must include the dates of the illness or injury. Do not submit medical records or medical billing information.

☐ Serious illness or injury of immediate family member (child, spouse, parents/guardian or sibling)

Attach a written statement from a physician or medical professional on official letterhead and indicate the onset of the illness. Statement must include the dates of the illness or injury. Do not submit medical records or medical billing information.

☐ Death of immediate family member (child, spouse, parents/legal guardian or sibling)

Attach a copy of the obituary or death certificate. In your personal statement, include the name of the deceased and his/her relationship to you. Also, specify how this death impacted your ability to be successful.

☐ Other unusual circumstances (examples include: house fire, victim of violent crime, etc.)

In your personal statement, provide a detailed explanation regarding the nature of the unusual circumstance and the applicable dates. You must provide supporting documentation to corroborate your statements such as a police report, insurance claim, or a letter from impartial third party (examples include: lawyer, minister, teacher or counselor, etc.)

☐ Returned to UB within the last three terms after an absence of 5 or more years and have been successful in your current courses but do not meet SAP due to your previous academic history.

Attach the personal statement as outlined above. We will access your UB transcript to determine your current academic success.

Certification and Signature

Check each box to acknowledge that you have read and understand the terms and conditions pertaining to the SAP Appeal Process:

☐ I understand that I must be registered for the semester I am submitting the appeal for.

☐ I understand that the submission of an appeal does not guarantee approval.

☐ I understand that the SAP Appeal Committee may deny my appeal, and this decision is final.

☐ I understand that I am responsible for all charges if I choose to remain registered for classes after the last day to drop without financial obligation.

☐ I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature: __________________________________________ Date: ____________________