

2019-2020 Satisfactory Academic Progress Maximum Timeframe Appeal

First Name:	Last Name:	Person Number:

Permanent Address:

Instructions

Use this form to appeal your loss of federal financial aid eligibility due to exceeding the maximum time frame allowed for degree completion.

- 1. Complete and submit this SAP Appeal Form. Make sure that all sections are complete and signed by you and your academic advisor.
- **2.** Include a Personal Statement. Provide a detailed, signed, personal statement explaining why/how you have earned more than 180 credits and have not earned a bachelor's degree.

Please be advised that incomplete applications or applications lacking sufficient documentation and signatures will be denied. You will be notified via email of the outcome within 2-3 weeks of appeal submittal.

Academic History					
1.	Have you previously submitted other SAP appeals? If yes, how many?	Yes	No		
2.	Have you previously earned an Associate's or Bachelor's degree? If yes, when (month/year)?	Yes	No		
3.	What is your major/program of study?				
4.	What is the total number of credit hours required for the degree?				
5.	How many credit hours have you attempted? (include W, R, F, FX, I and U grades)				
6.	How many total credits have you earned (passed)?				
7.	How many credits have you earned that are NOT applied to your program of study?				
8.	How many additional credit hours must be earned to complete the degree?				
9.	What is your current cumulative GPA?				
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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 have included a typed, signed statement explaining the reason(s) I have not earned my first Bachelor's degree within the allowable maximum timeframe.

□ I have read the University at Buffalo's Satisfactory Academic Progress Policy and Federal Financial Aid Requirements which are available online at: <u>financialaid.buffalo.edu/process/student-eligibility/sap/</u>.

□ I understand that completing this form **does not guarantee the reinstatement of federal financial aid**. If my appeal is approved, I understand that I may only receive funding for the course work listed on page 2.

Student Name (print)		Date	Date	
Student Signat	ure	UB Email Address		
	North Campus Office: Financial Aid at 1Capen South Campus Offic Mailing Address: Financial Aid at 1Capen, Capen	· · · · · · · · · · · · · · · · · · ·		
FSAPPL	Phone: 716-645-8232 Fax: 716-645-6566 Webs	ite: financialaid.buffalo.edu	Page 1 of 2	
Revised 1/8/2020	Email is not a secure form of communication. Do not submit documents via email.			



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Student Name: _

Person Number: _____

Remaining UB Courses (to be completed by an Academic Advisor)

List the remaining courses needed to complete the degree program listed in the Academic History section on page 1. Attach an additional page if necessary.

Course Title	Number of Credit Hours	Term
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Academic Advising

Additional Information for consideration:

Academic Advisor Name (print)

Academic Advisor Signature

UB Email Address

Campus Phone Number