

Fax to 716-645-6566

## 2020-2021 Federal Financial Aid Satisfactory Academic Progress Appeal

• By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center <u>financialaid.buffalo.edu/forms/documentation-upload-center/</u>. Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Last Name: UB person number: Instructions Federal financial aid regulations state that a student must make progress towards a degree in accordance with the school's Satisfactory Academic Progress policy. A student's federal financial aid eligibility is terminated if the minimum SAP standards are not met after the Financial Aid Warning period has ended. However, a student has the right to appeal the loss of federal financial aid eligibility if extenuating circumstances existed. Complete the appropriate sections of the appeal form and submit by the corresponding deadline: Summer deadline: July 31 Fall deadline: November 15 Spring deadline: April 15 Section 1: Appeal Reason 1. I am requesting an appeal for the loss of Financial Aid eligibility for the following semester: ☐ Fall 2020 ☐ Summer 2020 ■ Spring 2021 2. I am requesting an appeal for the loss of Financial Aid eligibility for the following reason(s): ☐ Did not meet Grade Point ☐ Did not meet the Pace ☐ Maximum Time Frame: number Average Standard: my GPA is Standard: high percentage of of attempted credits exceeds below published standards failed or withdrawn courses program requirements 3. Extenuating Circumstances: please check the appropriate boxes that caused you to fail the SAP standards: Serious illness or injury to the student Required: 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 to an immediate family member (immediate family member is defined as: child, spouse, parents/legal guardian or sibling). Required: 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. Death of immediate family member (child, spouse, parents/legal quardian or sibling). П
  - be successful.

    Other Unusual Circumstances (e.g. military, house fire, crime victim, academic withdrawal, deferred academic dismissal, COVID-19, etc.)
    - Required: In your personal statement, provide a detailed explanation regarding the nature of the unexpected circumstances. You must provide supporting documentation (if applicable) to corroborate your statements.

Required: 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. Specify how this death impacted your ability to

4. **Personal Statement**: on a separate piece of paper, detail the extenuating circumstances that have taken place and what steps you have taken to ensure your future success at UB. In addition, if you are a reentry student or have been granted a deferred dismissal please include this in your statement.

Section 2: Statement of Understanding and Signature - Ple be accepted.	ase handwrite your signature. Typed Signatures cannot
Check each box to acknowledge that you have read and underst  I understand that I must be currently registered for the curre  I understand that I am responsible for all charges incurred r  I understand that the submission of an appeal does not gua  Reinstatement to the university or an approved academic w	ent term prior to submitting an appeal. egardless of the SAP Appeal status. rantee approval; and the committee decision is final.
Student Signature:	Date:



## 2020-2021 Federal Financial Aid Satisfactory Academic Progress Appeal

Section 3: Academic Summary   Security   S	Student Name:		UB Person Number:							
1. I have earned a prior:   Associates Degree   Bachelor's Degree   Conferral Date:  2. List your approved major (program of study):  3. Total number of credit hours required for the degree listed:  4. Total number of credits attempted (including W, R, F, FX, I, S, and U grades):  5. Total number of credits armed:  6. Total number of earned credits NOT being used towards your program of study:  7. Cumulative GPA:  8. Expected Graduation Date:  Section 4: Remaining UB Courses (to be completed by an Academic Advisor)  Complete this section only if appealing for Maximum Time Frame. Please list the remaining UB degree applicable courses, by term (including the current semester), required for degree completion. Copy this side if you need to list required coursework beyond 4 terms.  3. Summer:   Fall:   Spring:   Summer:   Fall:   Spring:    Course   Req.   Cr.   Course   Req.   Cr.    Total Credits   Summer:   Fall:   Spring:    Course   Req.   Cr.    Academic Advisor (Please Print)   Academic Advisor (Signature)	Section 3: Acade	emic Summary								
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