

2022-2023 Federal Financial Aid Satisfactory Academic Progress Appeal

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.
 - Fax to 716-645-6566 By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

First Name:	Last Name:	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 15		Fall deadline: November 15	Spring deadline: April 14						
Sec	ction 1: Appeal Reason								
1.	I am requesting an appeal for the loss of Summer 2022	f Financial Aid eligibility for the follow	ving semester:						
2.	am requesting an appeal for the loss of Financial Aid eligibility for the following reason(s):								
	Did not meet Grade Point Average Standard: GPA is below published standards	Did not meet the Pace Standard: high percentage of failed or withdrawn courses	■ Maximum Time Frame: number of attempted credits exceeds program requirements						
3.	 Extenuating Circumstances: please check the appropriate boxes that caused you to fail the SAP standards: Serious illness or injury to <u>the student</u> Required: Attach a written statement from a physician or medical professional on official letterhead. 								
	 Serious illness or injury to <u>an immediate family member</u> <i>Required</i>: Attach a written statement from a physician or medical professional on official letterhead. 								
	 Death of <u>immediate family member (child, spouse, parents/legal guardian or sibling)</u> <i>Required</i>: Attach a copy of the obituary or death certificate. 								
	academic dismissal, COVID-19, e	e.g. military, house fire, crime victim, tc.) uments (<i>if applicable)</i> to corroborate							
4.	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. Please note: as university employees, we are mandatory reporters and are required to report any violations or alleged violations of Title IX.								
Sec	tion 2: Academic Summary								
1.	I am currently working towards: Bachelor's Degree	Master's Degree	Other						

2. Expected Graduation Date: _____



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Person Number:

Date

Section 3: Statement of Understanding and Signature

Check each box to acknowledge that you have read and understand the terms and conditions:

□ I understand that I must be currently registered for the current term prior to submitting an appeal.

- □ I understand that I am responsible for all charges incurred regardless of the SAP Appeal status.
- □ I understand that the submission of an appeal does not guarantee approval; and the committee decision is final.
- □ Reinstatement to the university or an approved academic withdrawal does not guarantee receipt of financial aid.

Student Signature (Cannot be typed)

Section 4: Remaining UB Courses (to be completed by an Academic Advisor)

Complete this section only if appealing for Maximum Time Frame (180 Attempted Credits)

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.

Summer	□ Fall	□ Spring	9 9	□ Summer	□ Fall	Spring	I			
Course		Req.	Cr.	Cr. Course		Req.	Cr.			
	Tota	Total Credits Total Credit		I Credits						
Summer [∃ Fall		9	□ Summer □ Fall □ Sprin		Spring	I			
Cou	rse	Req.	Cr.	Cou	se	Req.	Cr.			
	Tota			I Credits						
Section 4 Completed By Academic Advisor only if the student is Maximum Time Frame 180 Attempted Credits										
Academic Advisor (Please Print) Academic Advisor Signature										
UB Email Address Date										