University at Buffalo Financial Aid

2024-2025 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 - financialaid.buffalo.edu/forms/documentation-upload-center/. Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name. **All Financial Aid Forms require your legal 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

Complete the appropriate sections of the appeal form and submit by the corresponding deadline: Each new appeal requires a new extenuating circumstance with supporting documents to be considered for approval.

Summer deadline: July 14	Fall deadline: November 15	Spring deadline: April 17

Section 1: Appeal Reason

1. I am requesting an appeal for the loss of Financial Aid eligibility for the following semester:

☐ Summer 2024	☐ Fall 2024	☐ Spring 2025

2. I 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☐ **Did not meet the Pace Standard**: high percentage of failed or withdrawn courses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 signed, dated and legible statement on original letterhead from a health care professional; must include dates of treatment, dates of onset of medical event, opinion as to student's ability to perform academically during term in question, and signature of health care professional.

☐ **Serious illness or injury to <u>an immediate family member</u>**

Required: Attach a signed, dated and legible statement on original letterhead from health care professional; must include dates of treatment, date of onset of medical event, statement pertaining to the impact of family member's medical event on student's ability to do academic work during the term in question, and signature of health care professional. .

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

Required: Attach a copy of the obituary or death certificate and proof of relationship to the deceased; the death must have occurred during the term in question.

☐ **Other Unusual Circumstances** (e.g. military, house fire, crime victim, academic withdrawal, deferred academic dismissal, COVID-19, etc.)

- *Required*: Supporting Documents (*if applicable)* to corroborate your statement.

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.

Section 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: _____

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.
- ☐ Students admitted on probation will be required to achieve a minimum semester GPA of 2.0 and complete all attempted coursework with no resigned or incomplete grades in their term of entry/re-entry to remain enrolled at UB.

Student Signature (Cannot be typed) **Date**

Skip This Section if you have not reached MTF 180 attempted credits

Section 4: Remaining UB Courses (to be completed by an Academic Advisor ** Only for MTF students)

Complete this section only if appealing for Maximum Time Frame (180 Attempted Credits) ** Skip this section if MTF does not apply to you.

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 ____		☐ Summer____	☐ Fall____	☐ Spring____	
Course		**Req.**	**Cr.**	**Course**		**Req.**	**Cr.**
Total Credits				**Total Credits**			

☐ Summer____	☐ Fall____	☐ Spring____		☐ Summer____	☐ Fall____	☐ Spring____	
Course		**Req.**	**Cr.**	**Course**		**Req.**	**Cr.**
Total Credits				**Total 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**