

# SATISFACTORY ACADEMIC PROGRESS 2025-2026 FEDERAL AID APPEAL

STUDENT NAME

STUDENT ID

PREFERRED EMAIL

PHONE NUMBER

## GENERAL APPEAL INFORMATION

If your federal financial aid eligibility has been suspended due to not making Satisfactory Academic Progress (SAP) you may appeal if there were *extenuating circumstances* that affected your ability to meet the required SAP standards.

**Deadline:** The date to submit your appeal will depend on the semester you begin enrollment in the upcoming academic year.

**Fall Semester Start:** Priority Deadline: Wednesday, 07/11/2025 | Final Deadline: Tuesday, 09/03/2025

**Spring Semester Start:** Priority Deadline: Wednesday, 12/19/2025 | Final Deadline: Tuesday, 01/28/2026

*This appeal is for federal aid ONLY and does not apply to the PA State Grant.*

## PART 1: EXPLANATION OF CIRCUMSTANCES

Provide a written explanation of your extenuating circumstance(s).

1. An extenuating circumstance could be severe personal or family problems, health issues, injury, death of a close relative, adversity due to unforeseen events, etc.. Lack of awareness of withdrawal policies, requirements for satisfactory academic progress, or unpreparedness for college coursework are not extenuating circumstances.
  - a. List the date(s) your extenuating circumstance occurred: From \_\_\_\_\_ To \_\_\_\_\_
2. Submit a detailed letter explaining the extenuating circumstances you experienced and why it led to your inability to successfully complete 67% of your overall attempted credits and/or the required cumulative GPA.
  - a. Provide as much detail as possible.
  - b. Include what happened and what has changed.
  - c. Make sure the letter is typed and signed.

FOR TIPS **SCAN me**



## PART 2: SUPPORTING DOCUMENTATION

Provide appropriate third-party documentation to verify/support the claim(s) you make in your appeal letter.

1. Official documentation that provides proof or evidence of your extenuating circumstance.
  - a. Official documentation can include records of hospitalization, urgent care, and doctor visits, police reports, copies of obituaries, a death certificate, news articles, etc..
2. Letter(s) of support from a third party who does **not** have a direct relationship with you. This must be a professional individual such as a doctor, counselor or psychologist, social worker, police officer, pastor, professor, etc.. and cannot be a friend or family member.
  - a. Each letter must be on official letterhead, signed and include the individual's name, title, telephone number and relationship to the student.

### PART 3: ACADEMIC RECOVERY PLAN

Create an Academic Recovery Plan with the help of a Millersville faculty or staff member and initial below.

- ☐ I have met with my advisor, professor, department chair, a success coach, or a staff member from Academic Advisement to develop a plan that will help me to be successful in future semesters.
- ☐ We documented this plan on the SAP *Academic Recovery Plan* provided to me, and this form is signed by both parties, and I understand I must submit it with my appeal before my documents will be reviewed.

### PART 4: STUDENT CERTIFICATIONS

Read carefully and initial each statement to indicate your agreement of the terms of the appeal process.

- ☐ I certify that all the information and documentation submitted in this appeal is accurate and true.
- ☐ I understand my appeal will not be reviewed by the committee until all required items are received: this form, my written explanation of circumstances, supporting documentation, and academic recovery plan.
- ☐ I understand it may take 10-15 business days for the committee to review my appeal and make a final decision about my appeal and eligibility moving forward.
- ☐ I understand the submission of this appeal does not guarantee reinstatement of my federal (Title IV) financial aid.
- ☐ I understand that lack of awareness of withdrawal policies, requirements for satisfactory academic progress, or unpreparedness for college coursework are not considered extenuating circumstances.
- ☐ I understand if I do not submit my appeal form and required documentation by the priority deadline that there is no guarantee my appeal will be reviewed before the bill due date.
- ☐ I understand the final deadline to submit an appeal is no later than the end of the add/drop period for the semester I am beginning enrollment. I understand that no exceptions will be made.
- ☐ I understand it is my responsibility to have another plan in place to cover my bill with the Office of Student Accounts (OSA) in the case that my appeal is denied or submitted after the priority deadline.
- ☐ I understand that if my appeal is denied or submitted late that I may be eligible to enroll in an installment plan with the OSA and/or I can apply for an alternative student loan through private lenders.
- ☐ I understand that if my appeal is approved my financial aid eligibility will be reinstated in the upcoming semester. I understand that appeals will not be approved for summer or winter courses.
- ☐ I give permission to the Financial Aid Committee to review my financial aid records, my academic records and my judicial affairs records that are on file at Millersville University.

STUDENT SIGNATURE

DATE

### SUBMIT YOUR APPEAL

Submit this completed form, personal appeal letter, supporting documentation and Academic Recovery Plan to:

**Emiyaril Alvarez – Director of Financial Aid**  
Millersville University - Office of Financial Aid  
PO Box 1002 | Millersville PA 17551  
[fa.mail@millersville.edu](mailto:fa.mail@millersville.edu)

# SATISFACTORY ACADEMIC PROGRESS ACADEMIC RECOVERY PLAN

STUDENT NAME

STUDENT ID

ADVISOR / DEPT. CHAIR / STAFF NAME

ADVISOR, ETC. PHONE OR EMAIL

## PURPOSE

Students who have had their federal financial aid eligibility suspended due to not meeting Satisfactory Academic Progress (SAP) standards may appeal if they had *extenuating circumstances* affect their ability to meet the required SAP standards.

**To meet Satisfactory Academic Progress (SAP) standards, students are required to:**

- Earn at least 67% of the credits they have attempted. (*earned credits / attempted credits = %*)
- Maintain a cumulative GPA of 2.0 + after four semesters at Millersville (undergraduate) or 3.0 + (graduate).
- Complete their degree program withing a maximum timeframe of 150% of the published length of their program.

*For more detailed information on the SAP policy and the effect of special grades and repeating courses, go to: [millersville.edu/fa-sap](http://millersville.edu/fa-sap)*

## SECTION A: TO BE COMPLETED BY ADVISOR & REVIEWED WITH STUDENT

If the student's academic advisor is unable to meet with them, this plan can be created by the student's department chair, a student success coach, or a staff member from Academic Advisement.

Current Program of Study: \_\_\_\_\_ Projected Graduation Date: \_\_\_\_\_

Total Credits Needed: \_\_\_\_\_ Total Credits Attempted: \_\_\_\_\_ Total Credits Earned: \_\_\_\_\_ Total Credits Remaining: \_\_\_\_\_

Please describe the plan uniquely created for and discussed with the student. If needed, attach a separate sheet. This plan should outline the student's academic goals for future terms as well as resources you have discussed with the student to help ensure the best chance of success in the classroom and measurable progress toward degree completion.

I have reviewed university resources available to the student such as tutoring, the writing center, counseling services, etc. and I have discussed using their Degree Audit to keep track of their remaining courses needed. ☐ YES ☐ NO

If I am recommending the student repeat a course(s), I have informed the student to check with the Office of Financial Aid to ensure this will not have further negative impact on the students SAP. ☐ YES ☐ NO ☐ N/A

## SECTION B: TO BE COMPLETED BY STUDENT

Based on advice from my advisor and my own analysis of my previous academic performance and other factors that negatively impacted my academic success, here are four actions that I will take to help me achieve satisfactory academic progress.

Action 1	I will meet with my advisor/department chair _____ times during the semester.
Action 2	
Action 3	
Action 4	

## SECTION C: REQUIRED SIGNATURES

STUDENT SIGNATURE

DATE

ADVISOR / DEPT. CHAIR / STAFF SIGNATURE

DATE

## ADDITIONAL INFORMATION & RESOURCES

For easy access to information and resources, scan the QR code with your mobile phone or visit the link below!



**Satisfactory Academic Progress (SAP) Policy**  
[millersville.edu/fa-sap](http://millersville.edu/fa-sap)



**Meet with Financial Aid**  
[millersville.edu/fameeting](http://millersville.edu/fameeting)



**SAP Appeal Tips**  
[millersville.edu/fa-appeal](http://millersville.edu/fa-appeal)



**Student Success Resources**  
[millersville.edu/currentstudents](http://millersville.edu/currentstudents)

**OFFICE OF FINANCIAL AID  
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