

## SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

### **Section A - General Information**

Name: \_\_\_\_\_ GSU ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Appeal is for (check term and indicate year) Summer 20\_\_\_\_ Fall 20\_\_\_\_ Spring 20\_\_\_\_

Academic Advisor's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

### **Section B - Reinstatement Request Information**

Below please indicate which situation applies to your reason for appeal and submit the appropriate supporting documentation:

- 1. Medical
- 2. Death/Illness
- 3. Military Service
- 4. Exceeded Maximum Time Frame/Pursuing a Second Degree
- 5. Other Special Circumstance

Provided a typed letter explaining the following:

- Specific circumstance that prevented you from making Satisfactory Academic Progress the previous academic year.
- What has now changed and how you will address the circumstance(s) described so that you can successfully complete your academic program.



Office of Financial Aid  
University Park, IL 60484  
708.534.4480  
Fax: 708.534.1172  
[www.govst.edu/finaid](http://www.govst.edu/finaid)

**Section C: Appeal Results**

If my appeal is DENIED, by signing below I understand that decisions are processed on a case-by-case basis and the Satisfactory Academic Progress Appeal Committee may deny any SAP appeal as they deem appropriate.

If my appeal is APPROVED, by signing below I understand that the Satisfactory Academic Progress Appeal Committee will require certain stipulations to be met every semester and failure to meet those stipulations will result in my financial aid being cancelled for future semesters.

STUDENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_



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**TO:** Academic Advisor

**FROM:** Office of Student Financial Aid

**DATE:** \_\_\_\_\_

**RE:** Request for Written Evaluation of Academic Performance

To comply with federal regulations, Governors State University is required to monitor whether a student is maintaining satisfactory academic progress in his/her course of study. Students who have been denied financial aid eligibility because they have not met the requirements of the Satisfactory Academic Progress Policy are offered the opportunity to submit an appeal to regain their financial aid eligibility. As part of the appeal, a student must document extenuating circumstances that prevented him/her from meeting the requirements.

Before the Satisfactory Academic Progress Appeal Committee may consider a student's appeal, the student is required to obtain a written evaluation of his/her past and potential academic performance at Governors State University. Your evaluation will be treated as confidential and will be reviewed only by the Satisfactory Academic Progress Appeal Committee and financial aid staff as necessary.

The student presenting this document and Evaluation of Academic Performance Form to you will sign below that he/she authorizes your release of information. Once completed, please return to the student so that they may submit along with their appeal. Thank you in advance for your cooperation.

**STUDENT NAME:** \_\_\_\_\_ **GSU ID#:** \_\_\_\_\_

*I hereby authorize the release of information regarding my academic performance at Governors State University. I understand that this is a necessary component of my Satisfactory Academic Progress Policy Appeal and that the information will be released only to the Office of Student Financial Aid.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Enclosed: *EVALUATION OF ACADEMIC PERFORMANCE FORM*

**EVALUATION OF ACADEMIC PERFORMANCE***(To be completed by advisor)*

Student Name: \_\_\_\_\_ GSU ID#: \_\_\_\_\_

1. When did you begin advising this student? \_\_\_\_\_
2. Are you aware of any extenuating circumstances that have hindered the student's past academic performance? If so, please comment:

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3. Per the Satisfactory Academic Progress requirements, students must meet the following academic requirements: 1) Must have a cumulative grade point average consistent with the academic standards for graduation and 2) Complete with a passing grade 67% of the courses attempted. Based upon the student's current academic record, what is your assessment of the student's potential to meet these requirements within the next few semesters?

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4. DEGREE PLAN (complete this section if student exceeds maximum time frame):

# Semester hours required to complete degree requirements \_\_\_\_\_

# Semesters the student will be enrolled to complete the requirements \_\_\_\_\_

Evaluation completed by \_\_\_\_\_

College: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_