

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

The Graduate Financial Aid Satisfactory Academic Progress Policy is established to encourage students to successfully complete courses and make progress toward program completion. This Appeal Form is used to request reconsideration of your financial aid eligibility by providing documentation of your individual extenuating circumstance(s).

**The Financial Aid Satisfactory Academic Progress Appeal must include:**

- A statement from you describing the extenuating circumstance(s) that prevented you from meeting the Satisfactory Academic Progress requirements
- An explanation about what changes you have made (personally and academically) that will allow you to meet satisfactory progress requirements in the future
- Documentation from an objective third party confirming your extenuating circumstance(s)

**Check the following category that applies to you and follow the additional instructions listed:**

- Death in the immediate family.** Immediate family includes spouse/partner, parent(s), siblings, or dependent children.
  - In your statement, include name of deceased and relationship to you
  - Provide a copy of the death certificate, obituary, and/or funeral program
  
- Illness/Injury/Medical Condition.** Applicable if you, your spouse/partner, your dependent child, or your parent was ill or injured for an extended period of time.
  - In your statement, address when the illness/injury occurred, treatment dates, etc.
  - Documents needed: statement or medical documentation from the physician indicating the nature of the illness/injury/medical condition. If the illness/injury is related to you (the student) the statement should address your ability to resume school.
  
- Other.** Appeals involving other *unexpected circumstances beyond your control* may be considered.
  - In your statement, explain the unexpected circumstance(s)
  - Include any documentation supporting the unexpected circumstance(s) (legal documentation, etc.)

I certify the information provided as part of my appeal and any supporting documentation is accurate, true, and complete to the best of my knowledge. I understand that I may submit only one Financial Aid Satisfactory Academic Progress Appeal. I will provide additional supporting information if requested by the Financial Aid Office. I understand that misrepresentation of facts in connection with this appeal may be sufficient cause for cancellation or repayment of my financial aid.

Student Signature: \_\_\_\_\_

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

University of St. Thomas | Financial Aid Office, Mail 5007 | 2115 Summit Ave. | St. Paul, MN 55105

 Phone: 651-962-6550 | Email Completed Document to: <https://liquidfiles.stthomas.edu/filedrop/FinancialAidFileDrop>

Financial Aid Office Use Only:	Aid Year: _____
___ Approved    ___ Denied    Comments: _____	
FAO Signature: _____	Date: _____