

Please print:

## Financial Aid Office

109 University Square Erie, Pennsylvania 16541-0001 (814) 871.7337 • toll free 800.GANNON.U www.gannon.edu

## SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Student Name:		Student ID#:
Phone: Home	Cell	
Anticipated Graduation Date:	*GU Email:	
*Notification of the appeal decision wi	ill be sent from the Financial A	Nid Office via the GU email system.
Semester requesting reinstatement	t of financial aid: (TT/YY) _	
<ul> <li>A written statement explain to meet the Satisfactory Ac situation that would allow y steps you will take to improve</li> </ul>	on: Ining the reason or circums Cademic Progress (SAP) mea You to demonstrate SAP at Ve your academic performa	
Academic Advisor or Dean.		cademic Plan created by you and your and dated by both parties.
Student Signature		Date

## SAP Policy – Warning/Suspension

- Any student who fails to meet SAP requirements will be placed on <u>financial aid warning</u>.
- Students who have been on <u>financial aid warning</u> in a prior semester will be placed on <u>financial aid suspension</u> if they have not met the SAP requirements.
- Students on <u>financial aid suspension</u> may submit a SAP Appeal Form, written explanation for the appeal and an academic plan outlining measures that will be taken to reach SAP standards.

NOTE: The Satisfactory Academic Progress Policy for Financial Aid recipients is independent of "Academic Probation and Separation Policy."