



OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
SATISFACTORY ACADEMIC PROGRESS APPEAL Spring-2024

INCOMPLETE APPEAL FORMS, APPEAL FORMS WITHOUT SUPPORTING DOCUMENTATION and NOT SIGNED WILL BE DENIED.

Section A - General Information

Name: _____ ID#: _____

Address: _____

City State Zip

Telephone No: () _____ Undergraduate

Major: _____ Academic Advisor: _____

E-mail Address: _____ Cell No.: () _____

Section B - Reasons for an Appeal (Check all that apply)

- Medical:** Documentation of illness must be attached to the Appeal Form. For instance: a letter from the physician, hospital, etc.
- Death or extended illness of immediate family member (parents, spouse, siblings, and children):** Please attach a copy of the death certificate or obituary. Consideration will only be given to immediate family members.
- Dual Degree (Double Major):** A Dual Degree Form completed by your Academic Advisor indicating that you are working on a double major and the number of hours required for you to complete both majors.
- Unusual circumstances not applicable to the above:** Please provide details and documentation. Date the circumstance(s) occurred: ____/____/____.

Please Note:
If your appeal references sexual misconduct, the Office of Student Financial Aid is required to report allegations to the Title IX Coordinator.

Section C - Student's Letter of Appeal

Please provide a detailed explanation of your appeal. This form must be completed by the student. An additional sheet may be used if more space is required. Please write legibly and provide documentation.

Name: _____ ID# _____

Explanation Cont.: _____

Please explain what you have done or are doing to resolve the problem(s) that prevented you from making satisfactory academic progress. Be specific.

Signature: _____ Date: _____ / _____ / _____

Acceptable Signatures are pen or DocuSign.

- If my appeal is approved, my signature above confirms I understand it is my responsibility to utilize all resources available to me at the University to achieve academic success during the financial aid probationary period.
- If I do not earn the required number of hours during the financial aid probationary period, I understand that I will not be meeting Satisfactory Academic Progress and may not be approved for another appeal.

Deadline: The last day that an appeal request form will be accepted for Spring-2024 is January 16th, 2024, please allow 7-10 days for processing upon receipt of your form. Students should establish other payment options to secure classes.

Please return this form to: Office of Financial Aid and Scholarships
Saint Augustine's University
1315 Oakwood Ave- Delany Building 1st Floor
Raleigh, NC 2610
Financialaid@st-aug.edu