



**SATISFACTORY ACADEMIC PROGRESS APPEAL 2024-2025**

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

**Section A - General Information**

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

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

Telephone No: ( ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 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.

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

Explanation Cont.: \_\_\_\_\_

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

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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 Fall-2024 is September 14<sup>th</sup> and January 18, 2025 for Spring 2025. 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 1<sup>st</sup> Floor  
Raleigh, NC 27610