

Federal Academic Progress Appeal Rights and Responsibilities Form

1. I understand that this is an appeal to have my eligibility for federal financial aid reinstated after I failed to make Satisfactory Academic Progress (SAP) towards my degree. This is not an appeal for an academic suspension. Winning an appeal for an academic suspension or being placed on an Academic Improvement Plan (AIP) does not mean that I will automatically have my eligibility for federal aid reinstated.
2. Attached is the documentation to support my appeal. This includes a signed copy of this form, a signed letter of explanation indicating why I previously failed to make satisfactory academic progress for federal financial aid purposes, and a brief description of what has changed that will now allow me to make SAP, and any supporting documentation (such as a signed Academic Improvement Plan (AIP), immediate family member's death certificate, hospitalization or physician documents, etc.) regarding my special circumstances. Submit all of these documents to: stfinservice@clarion.edu, or fax them to (814) 393-2520, or mail them to:

Student Financial Services Office
Clarion University of Pennsylvania
840 Wood Street
Clarion, PA 16214

3. I acknowledge that if my SAP appeal is incomplete because all requested documentation is not submitted, it will be denied. I understand that all SAP appeals must be submitted before the first day of classes.
4. I understand that if my appeal is granted, I will only have one term of "exception" (financial aid probation) during which I will be eligible for federal financial aid. If I do not re-gain SAP by the end of the term, I will lose eligibility for future federal aid until such time as I once again meet all SAP requirements. A SAP exception does not "re-set" my cumulative academic record.
5. In cases where the SFS SAP Committee determines that it may take more than one semester for me to regain SAP or in cases where I have exceeded, or am close to exceeding maximum credits, I understand that I am required to submit an Academic Improvement Plan (AIP) that has been signed by my advisor or other university academic representative that specifies which courses I need to take each term in order to re-gain SAP and/or graduate. My AIP may contain other stipulations as well as a term-by-term sequence of courses, including mandatory academic support counseling and/or tutoring. If my appeal is granted, I will be required to adhere to my AIP, or I will become ineligible for federal aid.
6. I certify that the information I submit is true, accurate, and complete. I understand that submitting false, incomplete, or inaccurate information is a violation of the Clarion University Code of Conduct. I give my permission to the SFS SAP Appeal Committee members at Clarion University to speak with faculty and other university personnel in regard to my appeal.

Your signature

Date

Please print your name

Clarion ID

Address or email where we should mail the response to your appeal

For which semester (summer, fall, winter) and year are you requesting reinstatement of financial aid?

_____ (Summer) _____ (Fall) _____ (Spring) Year: _____

Your expected month and year of graduation: _____

**Federal Financial Aid Satisfactory Academic Progress Appeal: Academic Plan
(Do not complete this unless you are directed to do so.)**

Student Name: _____

Student ID Number: _____

Student's Advisor: _____

Student's Academic Degree Program, Including Any Minors: _____

Student's Anticipated Graduation Date: _____

As per federal regulations, the student must do the following to regain SAP: (this section will be completed by Student Financial Services staff)

The student and advisor agree that the student will take the following courses in the following semesters in order to regain SAP. The student and the advisor agree that these courses are required for graduation from the program of study listed on this form.

Semester and Year: _____

Course Number	Course Name	Credit Hours	Anticipated Grade	Anticipated Cumulative GPA at Semester End

Semester and Year: _____

Course Number	Course Name	Credit Hours	Anticipated Grade	Anticipated Cumulative GPA at Semester End

Semester and Year: _____

Course Number	Course Name	Credit Hours	Anticipated Grade	Anticipated Cumulative GPA at Semester End

Semester and Year: _____

Course Number	Course Name	Credit Hours	Anticipated Grade	Anticipated Cumulative GPA at Semester End

Semester and Year: _____

Course Number	Course Name	Credit Hours	Anticipated Grade	Anticipated Cumulative GPA at Semester End

In addition, the advisor or the Office of Student Financial Services also requires the student to:

- The student may enroll only for courses necessary to complete the degree program listed.
- The student may not change majors and or add majors or minors.
- The student must successfully complete each course (and any other requirements) agreed to in this plan, or lose eligibility for federal financial aid. The student may not withdraw from courses after drop/add.
- If, for reasons beyond the student’s control, s/he cannot complete the plan as agreed, the student must immediately contact the Office of Student Financial Services.

Student’s Signature: _____

Advisor’s Signature: _____

Date: _____