



**Financial Aid Offices:**  
 50 Oakland Street, Wellesley Hills, MA 02481      19 Flagg Drive, Framingham, MA 01702  
 Phone (781) 239-2600      Phone (508) 270-4010  
 Fax (781) 239-2607  
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## Satisfactory Academic Progress Appeal Form for 2018-2019

**Student's Name:** \_\_\_\_\_ **MassBay ID#:** \_\_\_\_\_

Financial Aid Standards for Satisfactory Progress (SAP) are established by the U.S. Department of Education to encourage students to successfully complete courses and progress satisfactorily toward program completion. Pursuant to federal regulations, students denied financial aid due to unsatisfactory progress may use this form to appeal for reconsideration of financial aid eligibility, as long as this happened as the result of mitigating or unusual (crisis) circumstances.  
***(Steps 1 - 5 must be completed prior to your SAP Appeal Academic Advising Meeting with your Advisor!)***

**Step 1.** Review and understand the Financial Aid Standards for Satisfactory Academic Progress. This information is available in the Financial Aid Office, on the MassBay Financial Aid website and in the MassBay Financial Aid Award Guide.

Select the reason that you were Suspended from Financial Aid:

- \_\_\_\_\_ I have not completed 67% of my cumulative attempted credits.
- \_\_\_\_\_ I do not have a cumulative Grade Point Average (GPA) of 2.0 or greater.

**Step 2.** Provide, below, an explanation of the circumstances that prevented you from meeting the standards **and** attach the supporting documents that verify your situation. (Use a separate sheet of paper if necessary.) You should address the unsatisfactory performance for **ALL** semesters that caused you to lose financial aid eligibility.

\_\_\_\_\_ **Appeal due to medical reasons:** You, your spouse, or your dependent children were injured or ill for an extended period of time. For example, you may attach a signed statement from your doctor on letterhead stating the nature of illness, current health condition and effect on your studies (past and future), AND/OR copies from hospital bill detailing dates involved and medical condition.

\_\_\_\_\_ **Appeal due to personal reasons:** For example, you may attach a professional signed statement of support from person(s) involved in or aware of the situation (i.e., counselor, advisor, priest, social worker or therapist), AND/OR birth or death certificate or obituary (if appropriate) indicating nature of relationship accordingly (immediate family includes parents, spouse, sibling, dependent child).

\_\_\_\_\_ **Appeal due to academic reasons:** For example, you may attach a professional signed statement from an academic advisor or faculty member supporting your academic progress and providing reasoning behind your low completion rate and/or GPA.

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*Please complete the other side.*

Student's Name: \_\_\_\_\_ MassBay ID#: \_\_\_\_\_

**Step 3.** *If you cannot provide supporting documentation:* Provide, below, a reason why you are unable to provide supporting documentation in your appeal. If you have provided supporting documentation, please write "Attached" below. If you have not provided documentation NOR a reason why documents have not been submitted.... Your Appeal will be denied.

**Step 4.** Describe, in detail the steps you are taking to ensure future success in attaining your academic goals. If you are meeting with an academic advisor, tutor, or counselor, or attending any type of study skills sessions on regular basis, please indicate this. Also include any steps you have taken to change your past situation(s). If you have already included this information in your explanation of circumstances, please write "See Attached" below.

**Step 5.** I am completing this appeal form so that I may be reconsidered for financial aid for the (please check one):

Fall 2018 \_\_\_\_\_ Spring 2019 \_\_\_\_\_ Summer 2019 \_\_\_\_\_

- **Have you appealed your financial aid before?**  YES  NO

Please understand that only under extreme circumstances, will a second appeal be approved!

You are expected to provide as much supporting documentation and letters of recommendations as possible.

**Step 6.** To be completed by Academic Advisor during your SAP Appeal Academic Advising Meeting:

I have met with \_\_\_\_\_ on \_\_\_\_\_ and certify that s/he has been

*Student Name* *mm/dd/yyyy*

advised regarding appropriate coursework to achieve academic progress in their designated major/program of

*Program*

Signature of MassBay Academic Advisor: \_\_\_\_\_

**Step 7.** Submit this completed Appeal Form and the attachments to the Financial Aid Office AFTER the items listed above are completed. **During the appeal process, the student is responsible to pay his/her own expenses, such as tuition, fees, books, supplies, etc., without the expectation of financial aid reimbursement.**

**Step 8. Certification and Signature**

I understand that any falsified information will result in denial of this appeal form and incomplete information may cause delays. I understand that only under extreme situations will more than one (1) appeal be approved and that without sufficient documentation the appeal will be automatically denied. I also acknowledge that I will receive the results of the appeal through my MassBay email. I understand that appeals are reviewed for the current term until the published deadlines below. If received after the deadline, the appeal will be reviewed for the following semester. Appeal decisions are not retroactive. There is a limit of 1 appeal submission per term. If your appeal is approved, then your FAFSA will be placed in the queue to be reviewed. If you are missing documentation for your FAFSA, we will then email you at your MassBay email account. Please remember an approved appeal is not a guarantee of financial aid eligibility. It means we can move forward in reviewing your FAFSA to determine your financial aid eligibility.

**DEADLINES:**

Fall 2018 semester is Friday, October 19<sup>th</sup>, 2018

Spring 2019 semester is Friday, March 8<sup>th</sup>, 2019

Summer 2019 semester is Friday, July 5<sup>th</sup>, 2019

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_