Francis Marion University

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Students who have been evaluated for compliance with the Satisfactory Academic Progress (SAP) Policy for Financial Aid Eligibility and found to be deficient are placed on SAP Suspension and are not eligible for financial aid funds. The student may be eligible to continue their enrollment and pay out of pocket , with an alternative loan, or under certain conditions, students with unusual circumstances may file a Satisfactory Academic Progress Appeal for Reinstatement of Financial Aid Eligibility.

DO NOT LEAVE ANY QUESTIONS UNANSWERED. ***INCOMPLETE APPEALS WILL BE RETURNED TO STUDENT.***

Student's Last Name, First, MI _____ FMU ID Number _____

Printed Name _____ Anticipated Graduation Date _____ Phone Number _____

STEP 1: Circle all that apply

Indicate semester for which you are requesting aid

Fall 2020	Spring 2021	Summer 2021

STEP 2: Select unforeseeable extenuating circumstances (Documentation is highly recommended.)

Reason for appeal

	Extenuating Circumstance	Date of Occurrence
○	Serious illness or injury – include medical documentation	
○	Death of a relative – include copy of obituary	
○	The student is working on a second undergraduate degree	
○	Other – Include all supporting documentation to support your extenuating circumstance. Extenuating circumstances **DO NOT** include college adjustment issues such as homesickness, difficult coursework, recurring known chronic condition, and/or issues with faculty and staff.	

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Step 3: Letter of explanation

- Attach a letter that explains all of the following:
  - ✓ The extenuating circumstances.
  - ✓ How those circumstances affected you academically.
  - ✓ How those circumstances have been resolved, or when they will be resolved.
  - ✓ What resources you are/will be utilizing to succeed academically.

Step 4: Email, mail or drop off this completed form and documentation to:

Office of Financial Assistance
Francis Marion University
PO Box 100547
Florence, SC 29502
843-661-1190 (O) 843-661-1195 (FAX)
finasst@fmarion.edu

By signing this form, I confirm that I have submitted this appeal and supporting documentation because I experienced extenuating circumstances that I could not have predicted and that were beyond my control. I understand that submission does not guarantee approval of the appeal. I understand that an approval of the appeal may not occur before bills are due for the semester; which may require alternative payment arrangements. I certify that the statement and information I have reported to qualify for federal student aid is complete and accurate. I understand that purposely giving false or misleading information is a federal offense that can result in fines and/or incarceration.

_____

Student's signature Date

For office use only:

Notes:

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