2023-2024 Financial Aid SAP Appeal

Please complete this form in its entirety and return it and all supporting documentation to the Financial Aid Office by email (FinancialAid@USFCA.edu) or by fax to (415)422-6084.

Once we review your appeal and determine an outcome, we will notify you. If changes are made to your financial aid package, you will receive a revised award email notification. Response time is 4-6 weeks.

**SAP Information:** Federal regulations governing student financial aid require aid recipients to make “satisfactory academic progress” toward completing their degree or certificate. A review of your academic history has determined that you are not meeting the standards established by USF’s SAP policy (https://myusf.usfca.edu/financial-aid.sap).

According to your academic history, it has been determined that you are not meeting the USFCA SAP policy. You are encouraged to review the policy and submit an appeal if appropriate.

**Please submit the following documentation to complete a SAP appeal:**

1. A typed statement explaining the circumstances that prevented you from making satisfactory academic progress.
   Your statement must clearly explain the following:
   a. The reasons and/or circumstances for not meeting SAP standards. Please be specific.
   b. How your circumstances have changed to allow you to make satisfactory academic progress.
   c. An outline of the specific steps you are taking to get back on track.

2. Documentation to support the reason for your appeal, such as a:
   a. Letter from your doctor or health professional
   b. Copy of a death certificate for an immediate relative (parent or sibling)
   c. Obituary of a close relative (grandparent, aunt, or uncle)
   d. Or evidence of other disruptive events

3. An academic plan created with your academic advisor for your remaining terms at USF to ensure on-time graduation, signed and supported by your faculty advisor or his/her designee.

4. A letter of support from an additional professional regarding your appeal and plans to regain satisfactory academic status. This could come from your CASA advisor, a medical professional (no medical information required), or other professional you believe can support your return to good standing in the coming academic year.

**Signature and Certification**

*The information provided on the appeal must be true and correct as of the time the information is provided to the University.*

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Signature of student ___________________________ Date ___________________________

Please contact the Office of Financial Aid if you have any questions or need additional information.