MCDANIEL
C O L L E G E

FINANCIAL AID OFFICE

Financial and Academic Satisfactory Progress Appeal Form

_____	_____	_____
Student ID#	**Academic Year** i.e. 2019-2020, 2020-2021	**Student Name** **(Last Name, First Name)**

Student Type: ☐ **Undergraduate**   ☐ **Graduate**

Students receiving financial aid must maintain academic progress towards their degree, as described in the satisfactory academic progress (SAP) policy available on the McDaniel Portal. In general, this means meeting the qualitative (GPA) and quantitative (pace/progress and maximum timeframe) measures each semester. Students who have failed to meet the requirements have lost their eligibility for aid. Students wanting to appeal the suspension must complete this form and submit all required documentation *by the deadline listed in the suspension letter*. **Please note that an appeal does not guarantee the reinstatement of your aid. Also note that incomplete appeals will not be reviewed.**

Section A: Personal Statement

A written and signed statement is required in order for the financial aid appeal form to be considered complete. In your statement, please include the information listed below. Students **must** include all necessary documentation to support the existence of extenuating circumstances described and evidence that the circumstances have been resolved or are being managed. *Appeals without documentation will not be considered.*

1. What specifically happened that caused you not to maintain Satisfactory Academic Progress (SAP)?
2. When did the above occurrence happen (month and year)?
3. How did the occurrence affect your academic performance?
4. Explain how your circumstance(s) have changed that makes you feel you can meet SAP and/or the requirements of your academic scholarship and complete your educational goals.
5. Explain specifically **your plan of action** to improve your academic performance and complete your educational goals.

Section B: Acceptable/Applicable Reason for Appeal and Required Documentation

Please check the applicable reason below and submit the requested supporting documentation.

____**1. Medical illness or injury (myself or within my family):**
        ☐   Submit a letter from the treating physician, or a hospital bill/report stating the nature of your illness/accident

___ **2. Death of an immediate family member**
        ☐   Submit a copy of the death certificate, obituary, or funeral notice

___ **3. Personal Tragedy/Event**
        ☐   Submit a statement on letterhead from counselor/minister/police

___ **4. Other significant event/situation**
        ☐   Attach any applicable supporting document

This form contains personally identifiable information.
Financial Aid Office   2 College Hill   Westminster, MD 21157
410.857.2233 (Voice)   410.386.4608 (fax)

FA-Appeals-SAP Appeal   FACXXSAP

FINANCIAL AID OFFICE

Financial and Academic Satisfactory Progress Appeal Form

_____
Student ID#

_____
Academic Year
i.e. 2019-2020, 2020-2021

_____
Student Name (Last Name, First Name)

Section C: Letter of Support from Faculty or Academic Dean

Please include a written letter from a McDaniel College Faculty Member or Academic Dean expressing support for your appeal.

Section D: Certification:

By signing below, I certify that the information provided on this form and its attachments are accurate and complete to the best of my knowledge. *I understand that I am not eligible for financial aid and/or my academic scholarship unless I receive written approval of this request and that ALL appeal decisions are FINAL.*

Please **check and initial** that the following documents are included with this form:

☐_____Personal Statement

☐_____Documentation

☐_____ Plan of Action (May be included in your personal statement.)

☐_____ Letter of Support from McDaniel College Faculty Member (please select the option that applies to your situation.)

_____Check here if you have appealed an academic dismal. We will use your faculty's letter of support from Academic Life.

_____Check here if you are not appealing an academic dismissal. A letter of support is required from a McDaniel College faculty member providing any additional details or known factors regarding the student academics that will be helpful for the SAP committee to consider when reviewing the appeal.

You will receive an email that will inform you of the results of your appeal.

_____   _____
Student Signature (handwritten, not typed)   **Date**