

## Financial Aid Satisfactory Academic Progress (SAP) Appeal Form

To appeal the denial of financial aid due to failure to maintain Satisfactory Academic Progress, you must complete this form and attach the required documentation. Forms lacking the appropriate documentation will be regarded as incomplete.

Completed forms should be sent to the Director of Financial Aid.

### Please read and complete this application carefully.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate the semester for which the appeal is to be considered: \_\_\_\_\_

Program: \_\_\_\_\_ Advisor: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ Credit hours needed to complete program: \_\_\_\_\_

Have you had a previous SAP appeal? \_\_\_\_\_ No \_\_\_\_\_ Yes Note: second appeals will be granted only due to extraordinary circumstances. Please be detailed when you describe the steps you have taken to correct the problems that prevented you from making satisfactory academic progress.

### Please read and initial the statements below:

\_\_\_\_\_ I have read and understand the financial aid SAP requirements at [www.mchs.edu/sap](http://www.mchs.edu/sap).

\_\_\_\_\_ I understand that Financial Aid SAP Suspension does not prevent me from registering for and attending courses, but I will be responsible for all financial charges unless my appeal is approved.

\_\_\_\_\_ I understand that submission of an appeal does not guarantee that my financial aid will be reinstated; my appeal may be denied. I will be notified of the decision by email or mail.

\_\_\_\_\_ If I have any questions or concerns, I need to contact the Director of Financial Aid prior to beginning classes.

\_\_\_\_\_ I understand that the decision of the Financial Aid SAP committee is final and cannot be appealed.

\_\_\_\_\_ I understand that submission of any documentation is voluntary, but incomplete appeals cannot be evaluated and my financial aid will remain suspended.

**Required Documentation:**

- **Letter of Explanation – attach a typed letter explaining your mitigating circumstances.**
  - **Mitigating circumstances are defined as unanticipated and unavoidable events or situations beyond a student’s control that prevent him/her from successfully completing a course.**
  - **Examples of mitigating circumstances could include:**
    - **Serious accident or illness of the student**
    - **Serious illness or death of immediate family member**
    - **Immediate family or financial obligations**
  - **Examples of unacceptable mitigating circumstances include:**
    - **Withdrawal to avoid a failing grade**
    - **Too many hours attempted in a semester**
    - **Limited number of tests/assignments**
    - **Disagreement with instructor**
    - **Voluntary change in work hours**
  - **Your explanation must:**
    - **State how your circumstances affected your academic progress**
    - **Explain what steps you have taken to resolve your circumstances and ensure you will be successful in the future (be specific)**
- **Documentation to support your explanation**
  - **possible examples could include:**
    - **Personal/family illness or injury – signed statement from the medical provider**
    - **Death in the family – death certificate or obituary**
    - **Natural disaster – insurance or FEMA paperwork**
- **Plan of Study**
  - **Meet with your advisor or the student success center to develop a Plan of Study (form below)**

By signing this form, I am indicating that I have read the Mercy College Financial Aid Satisfactory Academic Progress policy as well as the above information. I agree to follow the guidelines stipulated in this appeal. If my appeal is granted, I will abide by any stipulations set forth by the SAP Committee.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Send completed form and all documentation to:**  
Director of Financial Aid  
Mercy College of Health Sciences  
928 6<sup>th</sup> Ave  
Des Moines, IA 50309

financialaid@mchs.edu  
Phone: 515-635-1133  
Fax: 515-643-6747

**Plan of Study**

Student's Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Program: \_\_\_\_\_

Advisor: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_

Please list only courses REQUIRED per semester to complete the current program. Include any courses the student must currently repeat due to previous withdrawals or failing grades. Only required courses will be considered for financial aid eligibility. Attach additional paper if necessary.

Please list course number, name, and credits. Example: Semester Fall 2023 BIO 101 General Biology 4 cr

Semester: _____	Semester: _____
Semester: _____	Semester: _____
Semester: _____	Semester: _____

Advisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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