



SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

You may submit an appeal if you have failed to meet Satisfactory Academic Progress requirements. By submitting this appeal, you are requesting that your extenuating or unusual circumstances be considered in order to have your financial aid reinstated. *Academic appeals and financial aid appeals are independent and separate from each other.*

The following steps will be followed in deciding your appeal:

1. Your appeal will be initially reviewed by the financial aid staff to evaluate your academic record and determine if extenuating or unusual circumstances existed. If your appeal is approved through this initial review, you will be advised in writing of the approval. Your financial aid will be reinstated, and you will be placed on financial aid probation for your next period of enrollment. When placed on financial aid probation, you are allowed to receive financial aid based on the conditions outlined by the committee.
2. If your appeal is denied through the initial review (Step 1), you will be given an opportunity to request a review with the financial aid appeal committee. When the committee meets, you will be given an opportunity to provide your appeal and submit additional information and/or documentation. The appeal committee will then approve or deny your appeal. The decision of the appeal committee is final. If your appeal is approved by the committee, your financial aid will be reinstated, and you will be placed on financial aid probation for your next period of enrollment. If your appeal is denied, the committee will specify the steps you must take in order to have aid reinstated for subsequent semesters.

INSTRUCTIONS:

1. Complete the Satisfactory Academic Progress Appeal and Academic Plan below in this document. It is a fillable form, so you can type your answers in and save the document with naming convention Last Name, First Name – SAP Appeal.
2. If you are appealing because you have reached the maximum number of credits attempted (Component 3) you must meet with your academic advisor to discuss. Call 225-490-1620 to schedule an appointment. Your advisor will provide confirmation to the Financial Aid Office that you have met and discussed your academic plan.
3. Gather your documentation of extenuating circumstances. We will accept scanned copies or photos.
4. From your FranU account send an email to financial.aid@franu.edu with the completed appeal form and documentation as attachments. In the subject line enter your first and last name – SAP Appeal. Please submit everything in a single email.
5. It will take approximately 2-4 weeks for you to receive written notification of a decision on your appeal.



ACADEMIC PLAN

In order to regain satisfactory academic progress, I will:

- **Earn at least a 2.0 GPA each semester.** If you are not meeting Component 1, you have TWO semesters to bring your cumulative GPA up to a 2.0.
- **Complete at least 75% of the hours you attempt each semester.** If you are not meeting Component 2, you will have TWO semesters to bring your completion percentage up to 75%. If you have been unable to accomplish this in the past due to withdrawing from courses, you should consider enrolling part-time.
- **Satisfactorily complete courses listed on your Degree Audit each semester.** If you are not meet Component 3, you are required to meet with your academic advisor to discuss your degree audit. Enter your expected graduation date below based on the courses remaining on your degree audit. Upon the next SAP review, you are expected to have completed courses listed on your degree audit, and be on track to graduate by this date.

Expected Graduation: _____

My signature below indicates:

- I understand the terms of the academic plan detailed for me above. I also understand that deviation from the plan will result in loss of eligibility for federal student aid.
- I understand that the Financial Aid Office **will not** review a SAP Appeal that is incomplete or lacks documentation. I am submitting all required documents.

 Student Signature (type your name) Date

FINANCIAL AID OFFICE USE ONLY:
 ENROLLMENT DATE: _____ CPGA: _____ SEMESTER GPA: _____
 CUM HRS ATTEMPTED: _____ CUM HRS EARNED: _____ COMPLETION RATE: _____
 NUMBER OF PRIOR APPEALS: _____
 DECISION: APPROVED DENIED COUNSELOR: _____ Date: _____
 2nd APPEAL—IN HOUSE INTERVIEW COMMITTEE DECISION: Approved Denied

 Signature Date Signature Date

 Signature Date Signature Date