

## Fairfield University Office of Financial Aid

Aloysius P. Kelley Center 1073 North Benson Road Fairfield, CT 06824 (p) 203.254.4125 (f) 203.254.4008 (e) finaid@fairfield.edu (w) www.fairfield.edu/finaid

## **Satisfactory Academic Progress Appeal Form**

This form serves as an appeal request for reinstatement of my federal, state and/or institutional financial aid. This appeal request is a result of personal mitigating and/or extraordinary circumstance(s) that affected my academic responsibilities and commitments as a student at Fairfield University. I have read and understand Fairfield University's satisfactory academic policy: <a href="https://www.fairfield.edu/finaid">www.fairfield.edu/finaid</a> (Policies in left margin, Satisfactory Academic Progress link).

Fairfield ID# Expected Graduation Year  E-mail @	
Home Phone	
With this form, I am requesting reinstatement of need-based financial aid and/or merit scholarship. Please i type(s) of appeal, semester and year below:  FINANCIAL AID MERIT	
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	ndicate the
FALL SPRING YEAR: 20 20	
Have you previously submitted a SAP appeal? YES NO	
Submit one (or both) following items as part of your appeal request:	
<ol> <li>In writing (typed), describe the circumstance(s) that interfered with your ability to meet the required S Academic Progress standards (i.e. medical emergencies, long term illness, death in the family, or other extenuating personal situations). Please include any supporting documentation or statements that you necessary to support your future academic progress.</li> </ol>	
<ol> <li>FINANCIAL AID APPEAL (for need-based aid only): submit a copy (or original; email/letter) of your Aca as approved by the Office of the Academic Vice President and/or Dean.</li> </ol>	demic Plan
I understand that I have <i>not</i> met <i>either</i> the Satisfactory Academic Progress (SAP) Standards policy* for financial the GPA requirement for my merit scholarship during my last enrollment period. I also understand that I am not for any financial aid and/or merit scholarship unless I receive written approval of this request from the Office of Aid. <i>My signature below indicates that all of the information and documentation I have provided pertaining appeal is true and complete to the best of my knowledge</i> .	ot eligible f Financial
STUDENT SIGNATURE Date	