



## Financial Aid Satisfactory Academic Progress

### IMPORTANT INFORMATION THAT AFFECTS YOUR FINANCIAL AID

The Appeal for Satisfactory Academic Progress (SAP) Form provides students that have lost their eligibility an opportunity to petition consideration for the reinstatement of their financial aid.

- To guarantee your appeal request is reviewed prior to the beginning of the semester the Appeal for Satisfactory Academic Progress Form must be submitted no later than **30 business days** prior to the start of the semester. ***It is advised to submit the SAP Form and all documentation as soon as possible.***
- I understand that by submitting this appeal form, approval is not guaranteed.
- During this process any outstanding bill due to the College is your responsibility because your financial aid is suspended.
- Failure to make payment arrangements prior to the due date of your bill will result in late payment fines and the cancelation of your classes.
- If your appeal is approved, you must verify with the aid office that your financial aid file is complete.

#### INSTRUCTIONS:

- Submit The Appeal for Satisfactory Academic Progress Form not later than 30 business days prior to the start of the semester. Otherwise, make payment arrangements to avoid late payment fines and class cancelations. Extensions of bill due dates are not available.
- Complete the form in its entirety, including signatures.
- Submit all required paperwork with your form.
- If your financial aid is suspended for reaching the maximum time frame you must submit documentation from the Records and Registration Office indicating how many more classes are needed to graduate.

#### TERMS:

- The Financial Aid Office's appeal decision is final.
- A student that is not granted reinstatement of financial aid is responsible for all outstanding charges.



## Financial Aid Satisfactory Academic Progress

### APPEAL FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ PAWS I.D.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Semester for which you are appealing to have your financial aid eligibility reinstated: \_\_\_\_\_

Please include the following:

- **Appeal for Satisfactory Academic Progress form**
- **Letter of appeal** (email is accepted) signed and dated with Student ID#. The letter of appeal should include and describe the circumstances that prevented you from meeting the Satisfactory Academic standards.
- **Plan of action** to resolve the cause for the circumstances and explain how it will not cause problems in the future. If your 'Plan of Action' is included in the letter of appeal you do not need to submit it separately.
- **Supporting documentation** (if any). For example, a letter from the Office of Records and Registration indicating confirming how many classes needed to graduate, death certificate, college transcript (for unit deficiency appeals).

Federal regulations require that a student receiving financial aid (include federal, state and work study) make progress toward a degree/certificate according to academic progress standards set by The College of New Jersey (TCNJ). These standards are explained in the **Satisfactory Academic Progress** policy that can be found on our office's webpage: <https://financialaid.tcnj.edu> (From the "welcome" page, in the left hand column under "quick links" – "Satisfactory Academic Progress Policy".)

Students who do not meet these satisfactory academic progress standards are ineligible to receive financial aid.

Federal regulations and The College Policy allows for exceptions, documented in a written appeal, only when extenuating circumstances existed that caused to student to fail to meet satisfactory academic progress.

#### Certification:

- I understand that by submitting this appeal form, approval is not guaranteed.
- I certify the information contained in this Satisfactory Academic Progress Appeal form, supporting documentation, and statements, is accurate and complete to the best of my knowledge.
- I will provide other information requested by an authorized official.
- I realize my Satisfactory Academic Appeal form will not be reviewed without this form.
- I understand any false information will be cause for the denial, reduction, and/or repayment of student financial aid.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date