



FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS (FASAP) APPEAL

Student's Name _____

VIP ID _____

Degree you are currently seeking: _____

Term you are requesting a FASAP Appeal: _____

Required items for appeal: *Failure to include these items will result in an automatic denial.*

- **A completed appeal form.**
- **Typed Statement:** You must address all terms where you have experienced academic problems or withdrawals. Include what actions you took to make an effort to meet your responsibilities during the time of your mitigating circumstances and how your circumstances have improved. Provide a detailed explanation of the factors which contributed to your lack of academic progress.
- **Proof** that the event you describe occurred.
- An **Academic Plan** (*below*) showing the course hours/grades you must complete/earn to graduate with your declared major (or) A **Graduation Plan** (*separate form*) describing your academic goals.

Type of Appeal (indicate all that apply)

- Grade Point Average (GPA)** – If this appeal is based upon your cumulative grade point average, address the issue as to why your cumulative GPA is below the required standard.
- Completion Rate** – If the ratio (hours completed divided by hours attempted) is less than 67%, address the issue of enrolling in courses and receiving a Withdrawal (W), an Incomplete (I), or an “F” which has negatively affected your completion rate.
- Timeframe** – If your appeal is based on exceeding the maximum timeframe for receiving financial aid at USC (150% of your program length), address the need to enroll in a greater number of credit hours than is normally associated with the completion of the degree requirements. Also, indicate if you are a transfer student or have changed majors recently.

Reason for Appeal (indicate all that apply)

- Medical:** If a medical problem contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.
- Death/Illness:** If the death/illness of a family member or close friend contributed to the lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary, etc.
- Other Circumstances:** Please clearly state the circumstances (not listed above) and provide appropriate documentation.

FASAP Academic Plan

Indicated planned hours and GPA needed to become within FASAP standards. *If approved you may be evaluated each term to ensure meeting the plan.*

Term/Year	Hours	Planned GPA

Term/Year	Hours	Planned GPA

All requested documentation must be attached to this form or it will not be accepted.

FASAP Appeal Certification Statement

I certify the information submitted is true and correct to the best of my knowledge. I have read each section and provided the required documentation explaining why I could not complete my classes and what will be different about the upcoming semester. I understand that decisions on appeals are processed on a case-by-case basis. If approved, I will be expected to make academic progress in all future semesters. I have read the FA SAP Policy. I understand the completion of this appeal does not constitute an approval of my appeal and I will receive a written notification of the final decision.

Printed Student's Name _____

Student's Signature _____ Date _____

Next section must be completed by an academic advisor before submission to the Financial Aid Office.

Academic Advisor/Academic Counseling Center

This is to certify that the above referenced student has been seen by me and that he/she will be able to continue in his/her program of study.

Student's current major _____

Hours earned toward degree _____ Remaining hours needed to complete degree _____

Academic Advisor/Counselor's Signature **Date**

Printed Name and University Title/Position _____

Do not write below

FASAP Appeal Committee Decision

Appeal Term _____ Current Academic Year _____ cum GPA _____ Hrs Attempted _____ Hrs Earned _____

Appeal Considered Based on:

<input type="checkbox"/> Traumatic/Extraordinary Event	<input type="checkbox"/> Death (Immediate Family Member)
<input type="checkbox"/> Personal Illness of Student	<input type="checkbox"/> Immediate Family Member Illness
<input type="checkbox"/> Divorce or Separation	<input type="checkbox"/> Other _____

Appeal Complete: Y ___ N ___ (If no document system. Return with denial or request additional information.)

Appeal Denied: Y ___ N ___ Reason for Denial _____

Appeal Approved student can be within standards next payment period: Y ___ N ___

Appeal Approved with academic plan: Y ___ N ___ Academic plan criteria: _____

FASAP Committee's Signature _____ **Date** _____

If applicable 2nd Level Committee Review Results: _____

FASAP Committee's Signature _____ Date _____

System Comment _____ Awards Updated _____ FASAP Status Updated _____ FAO Initials _____