

Satisfactory Academic Progress (SAP) Appeal

You may appeal your financial aid satisfactory academic progress (SAP) status if *unusual circumstances* interfered with your ability to meet RWU's SAP standards as stated in the catalog. The deadline for appeals is **January 20, 2020**. Within 10 business days after your appeal is received, you will be notified via mail on whether your appeal was granted or denied. If you did not file for financial aid your appeal will automatically be denied.

Return this form on campus to:
Office of Student Financial Aid
or mail it to:
Office of Student Financial Aid
Roger Williams University
One Old Ferry Road
Bristol, RI 02809

E-mail: finaid@rwu.edu

Phone: 401-254-3100

Fax: 401-254-3356

*Complete this form in Adobe Reader software, not a web browser, to ensure the privacy of your information.
Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.*

SECTION A. Student information		
Last name – type or print neatly in ink	First	Middle
Student ID number	RWU Email @hawks.rwu.edu	Phone number
Academic program: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		
What term are you appealing for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____		
SECTION B. Student, please explain why you were unable to meet standards.		
<p>Your statement should include the circumstances that interfered with your ability to meet RWU's SAP guidelines. Along with the statement, attach documentation which supports your appeal, unless you have already provided it to another RWU office. In this case, please sign below to allow the review and verification of such documentation by a representative in the Advising and Peer Mentorship Office.</p> <p>RELEASE TO VERIFY Documentation</p> <p>I, _____, Student ID# _____</p> <p style="text-align: center;">(print name)</p> <p>Authorize the Office of Advising & Peer Mentorship to review and verify documentation submitted that supports my appeal of SAP.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p>_____ Signature</p> </div> <div style="width: 35%;"> <p>_____ Date</p> </div> </div> <p>Take your statement and documentation to the Office of Advising and Peer Mentorship and schedule an appointment with an advisor to complete Section E.</p> <p>Office of Advising and Peer Mentorship Main Library, room 204 401-254-3456 csas@rwu.edu</p>		

SECTION C. Student, please explain what has changed that will allow you to meet standards.**SECTION D. Student certification**

I certify that all information provided is true and correct to the best of my knowledge. I understand that submitting this appeal is not a guarantee that my aid eligibility will be reinstated. I understand that I am responsible for all my debts incurred at the University regardless of my academic status.

Student signature

Student ID Number

Date

Student Printed Name

SECTION E. Advisor's statement and academic plan

Please provide your input to this student's satisfactory academic progress status appeal. Before completing this section, review the student's degree plan with the student.

Student degree program

Projected graduation date

Number of credits remaining to complete program

Please review with the student, the standards the student is not meeting and work with the student to develop an academic plan (which differs from the student's Degree plan) that:

- will reasonably ensure the student is able to meet all standards by a specific point in time (indicate term) _____
- is reasonable in terms of semester hours and class difficulty, and
- will keep the student on track to meet graduation requirements and ensure timely completion of the degree

YOU MUST ATTACH THE ACADEMIC PLAN TO THIS APPEAL

Please add any comments and/ or recommendations for student to assist with his/her future academic success, such as referrals, reduced work hours or different classes:

Name of advisor (please print)

Title

University email address

College/Department

Phone

Advisor's signature

Date

SECTION F. Academic Plan

Student Name

Student ID Number

Financial aid will only pay for course(s) needed to complete your degree.

Anticipated graduation term ☐ Fall ☐ Spring Year _____

Major(s)

Minor(s)

List the course(s) you need to take including number of credits. Indicate whether or not each course is required to complete your degree. Specify the term and year in which you will complete them.

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 202____			<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 202____		
Subject & course number (ex: Math 1000)	# of credits	Required? (Y/N)	Subject & course number (ex: Math 1000)	# of credits	Required? (Y/N)
Total Credits	0		Total Credits	0	

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 202____			<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 202____		
Subject & course number (ex: Math 1000)	# of credits	Required? (Y/N)	Subject & course number (ex: Math 1000)	# of credits	Required? (Y/N)
Total Credits	0		Total Credits	0	

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 202____			<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 202____		
Subject & course number (ex: Math 1000)	# of credits	Required? (Y/N)	Subject & course number (ex: Math 1000)	# of credits	Required? (Y/N)
Total Credits	0		Total Credits	0	