

SECTION A. Student information

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 **August 1, 2016.** 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 & Financial Planning

or mail it to:

Office of Student Financial Aid & Financial Planning 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.

Last name – type or print neatly in ink	First	Middle						
Student ID number	RWU Email @hawks.rwu.edu	Phone number						
Academic program: Undergraduate Graduate								
What term are you appealing for: Fall Spring Year								
SECTION B. Student, please explain why you were unable to meet standards. Appeals without supporting documentation will be denied.								
You must attach appropriate supporting documentation to this form according to these guidelines: If a family member or significant person in your life has died, please attach a copy of the obituary or death certificate. If you, a family member, or significant person in your life has had a serious illness, accident, or injury, please attach a statement from a doctor or other professional third party and/or a police report, and/or hospital bill. If you or your parent has had a divorce, please attach a copy of a letter from an attorney or divorce decree. If you have experienced personal problems or issues with your spouse, family, or roommate, please attach a statement from a doctor, counselor, lawyer, or other professional third party. Be specific in describing the factors that caused your academic difficulties. Attach supporting documents and any additional pages, if necessary, to complete your statement.								

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 graduati	ion date	Number of credits remaining	ng 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.									
Fall Spring Summer	201			Fall	Spring Summer	201			
Subject & course number (ex: Math 1000)	# of credits	Required? (Y/N)	Subjec	t & course n	umber (ex: Math 1000)	# of credits	Required? (Y/N)		
Total Credits					Total Credits	5			
Fall Spring Summer			Fall Spring Summer 201						
Subject & course number (ex: Math 1000)	# of credits	Required? (Y/N)	Subjec	t & course n	umber (ex: Math 1000)	# of credits	Required? (Y/N)		
Total Credits					Total Credits	5			
Fall Spring Summer	201		Fall Spring Summer 201						
Subject & course number (ex: Math 1000)	# of credits	Required? (Y/N)	Subjec	t & course n	umber (ex: Math 1000)	# of credits	Required? (Y/N)		
Total Credits					Total Credits				