



Satisfactory Academic Progress Appeal (SAP)

2011-2012

UNC Asheville Office of Financial Aid ♦ One University Heights ♦ University Hall CPO# 1330 ♦ Asheville, NC 28804 ♦ (828) 251-6535
www.unca.edu/financialaid

Student's Name _____

Student's ID #
9 3 0 _____

Student's UNC Asheville Email Address _____

Student's Phone Number
(_____) _____ - _____

In some cases, students may not comply with the Satisfactory Academic Progress Policy as stated in the UNC Asheville Office of Financial Aid Handbook. If there are circumstances that can be documented for the term(s) in which the student's deficiencies occurred, the student may submit this completed appeal form and provide a typewritten statement and documentation as noted below.

These circumstances must be one of the following:

- Death in the family
- Medical Illness (Personal/Immediate family)
- Loss of a job
- Divorce or Separation

Instructions:

1. Be sure that your name and student identification number is on the top of each page you submit.
2. Provide a typewritten statement detailing the extenuating circumstances for each semester that you did not maintain satisfactory academic progress for financial aid. Please include:
 - What specifically happened that caused you not to maintain satisfactory academic progress?
 - When did the above occurrence happen (month and year)?
 - How did the above occurrence affect your academic performance?
 - If this situation involves more than one semester, briefly explain why you continued to enroll without adjusting your course load/taking a break.
 - Briefly explain what has now changed, or the steps you have taken, that should now result in you maintaining satisfactory academic progress in the future.
3. Provide documentation for the above occurrences.
 - Signed statement from a medical professional stating the circumstances and specific date of occurrence.
 - Signed statement from a parent/relative describing a family emergency that required your attention and specific date of occurrence. Along with this statement, include a copy of death certificate or physician's statement.
 - You may provide any additional documentation that will help us make a decision.

Review:

The UNC Asheville Office of Financial Aid will review this appeal within 8-10 business days. You will receive a letter that will inform you of the results of your appeal.

I have read, understand and agree to the appeal process state above. I certify that all information included with this appeal is true and correct.

Student's Signature: _____ Date: _____

UNC Asheville Office of Financial Aid Use Only

- Approved Conditional Approval Denied

Signature of Associate Director of Financial Aid

Date