



**/Unsatisfactory Academic Progress Appeal**  
**(Request for Reinstatement of Federal Financial Aid)**

The Federal Government requires that students who receive federal financial aid maintain Satisfactory Academic Progress (SAP) toward their degree, as outlined in the SAP policy (<http://semo.edu/pdf/SFS-SAP-Policy.pdf>). This completed form should be submitted along with a letter of appeal and documentation supporting the extenuating or mitigating circumstances that significantly affected your ability to maintain SAP, which you wish to have considered during your request for reinstatement of financial aid.

To appeal, you must be eligible to enroll as a degree-seeking student, and currently not academically suspended or disqualified from enrolling in classes. **The completed appeal form, your letter of appeal and all supporting documentation should be returned by mail or fax, as provided at the bottom of this form.**

**APPEAL DEADLINES:**    **Fall Semester - September 15**    **Spring Semester - February 15**    **Summer Semester - June 30**  
Appeals/documentation received after the semester deadline will be reviewed for consideration of aid for the following semester.

STUDENT INFORMATION	
Southeast ID #: <u>SO _____</u>	Southeast Email: _____@semo.edu
Student Name: _____	Phone Number: _____

1) REASON FOR APPEAL (check all that apply)		
<p><b>Which of the following circumstances significantly contributed to your academic performance falling below the minimum Completion Rate (PACE) and/or GPA requirements:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> A. Alleged Discrimination, harassment, or retaliation*  <input type="checkbox"/> B. Death of an immediate family member  <input type="checkbox"/> C. Documented disability*  <input type="checkbox"/> D. Family-related difficulties (<i>i.e. divorce</i>)                 </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> E. Illness/extended hospitalization  <input type="checkbox"/> F. Unexpected financial hardship  <input type="checkbox"/> G. Unexpected legal issues  <input type="checkbox"/> H. Other _____                 </td> </tr> </table> <p style="text-align: center; font-style: italic;"><b>*Selecting circumstance "A" or "C" (above) requires completion of Section 3 or 4 (below), respectively.</b></p>	<input type="checkbox"/> A. Alleged Discrimination, harassment, or retaliation* <input type="checkbox"/> B. Death of an immediate family member <input type="checkbox"/> C. Documented disability* <input type="checkbox"/> D. Family-related difficulties ( <i>i.e. divorce</i> )	<input type="checkbox"/> E. Illness/extended hospitalization <input type="checkbox"/> F. Unexpected financial hardship <input type="checkbox"/> G. Unexpected legal issues <input type="checkbox"/> H. Other _____
<input type="checkbox"/> A. Alleged Discrimination, harassment, or retaliation* <input type="checkbox"/> B. Death of an immediate family member <input type="checkbox"/> C. Documented disability* <input type="checkbox"/> D. Family-related difficulties ( <i>i.e. divorce</i> )	<input type="checkbox"/> E. Illness/extended hospitalization <input type="checkbox"/> F. Unexpected financial hardship <input type="checkbox"/> G. Unexpected legal issues <input type="checkbox"/> H. Other _____	

2) ATTACHMENTS CHECKLIST (serves as a guide for attaching statements/documentation)												
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left; padding: 5px;"><u>Yes</u></th> <th style="text-align: left; padding: 5px;"><u>No</u></th> <th style="text-align: left; padding: 5px;">Section required for all appeals.</th> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Have you attached a typed statement explaining when the above circumstance(s) occurred, and how the circumstance(s) resulted in performing below the minimum Satisfactory Academic Policy's GPA and/or completion rate (PACE) requirements, for each semester of poor performance?</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Have you attached legal, medical, or other documentation sufficient to support your statements?                      ■ <b>If no</b>, attach a statement in your appeal explaining why you are not able to provide documentation, or why you chose not to.</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Have you included a section in your appeal outlining the steps you have taken, or changes which will allow you to make up deficiencies?</td> </tr> </table>	<u>Yes</u>	<u>No</u>	Section required for all appeals.	<input type="checkbox"/>	<input type="checkbox"/>	Have you attached a typed statement explaining when the above circumstance(s) occurred, and how the circumstance(s) resulted in performing below the minimum Satisfactory Academic Policy's GPA and/or completion rate (PACE) requirements, for each semester of poor performance?	<input type="checkbox"/>	<input type="checkbox"/>	Have you attached legal, medical, or other documentation sufficient to support your statements? ■ <b>If no</b> , attach a statement in your appeal explaining why you are not able to provide documentation, or why you chose not to.	<input type="checkbox"/>	<input type="checkbox"/>	Have you included a section in your appeal outlining the steps you have taken, or changes which will allow you to make up deficiencies?
<u>Yes</u>	<u>No</u>	Section required for all appeals.										
<input type="checkbox"/>	<input type="checkbox"/>	Have you attached a typed statement explaining when the above circumstance(s) occurred, and how the circumstance(s) resulted in performing below the minimum Satisfactory Academic Policy's GPA and/or completion rate (PACE) requirements, for each semester of poor performance?										
<input type="checkbox"/>	<input type="checkbox"/>	Have you attached legal, medical, or other documentation sufficient to support your statements? ■ <b>If no</b> , attach a statement in your appeal explaining why you are not able to provide documentation, or why you chose not to.										
<input type="checkbox"/>	<input type="checkbox"/>	Have you included a section in your appeal outlining the steps you have taken, or changes which will allow you to make up deficiencies?										

**Reminder:** As you complete this form, make sure you have provided supportive statements and documentation. Due to privacy laws, we will not contact outside sources for information, and your appeal will be considered based on the information provided.

**/Unsatisfactory Academic Progress Appeal (Page 2)**  
**(Request for Reinstatement of Federal Financial Aid)**

**3) CIRCUMSTANCE "A" SUPPLEMENTAL QUESTIONS (discrimination, harassment or retaliation)**

**Yes**   **No**   **Only complete if you marked circumstance "A" (discrimination, harassment or retaliation) in Section 1, above. Please include legal documentation and/or results of any investigations, if applicable.**

- Do you base your mitigating circumstance on the belief that you experienced unlawful discrimination, harassment, or retaliation as defined by university policy?
- Have you attached an explanation regarding when and where the incident(s) occurred, to whom the incident(s) was reported, and any appropriate documentation regarding results/findings and any action taken?
- Did the incident(s) involve a member of the university or community?  
▪ **If yes**, was the incident reported to the Office of Institutional Equity and Diversity?    Yes    No  
*If not previously reported, the appeals committee will be obligated to forward the claim to the Office of Institutional Equity and Diversity, or other appropriate university officials for review and investigation.*

**4) CIRCUMSTANCE "C" SUPPLEMENTAL QUESTIONS (documented disability)**

**Yes**   **No**   **Only complete if you marked circumstance "C" (documented disability) in Section 1, above.**

- Do you believe the reason you did not meet Satisfactory Academic Progress is clearly related to a disability?
- Did you register with Southeast's Disability Services office regarding your disability, to receive appropriate accommodations?  
▪ **If yes**, attach documentation from the Office of Counseling and Disability Services that supports your statement of disability and/or required accommodations.  
▪ **If no**, attach information sufficient to support a determination that disability was clearly a significant factor in your failure to meet satisfactory academic progress requirements.

**ADDITIONAL INFORMATION:**

**The Financial Aid Appeal Committee's review will be based on this form, your typed statement, and attached documentation.** Therefore, all information you wish to have considered should be submitted with this appeal. Appeals are reviewed on a case-by-case basis. Criteria considered may include, but is not limited to, the following:

- Whether the mitigating/extenuating circumstance(s) described in the appeal was beyond your control
- Whether the mitigating/extenuating circumstance(s) occurred within the timeframe of poor academic performance (per your academic transcript), or if other periods of enrollment contributed to your deficiencies in PACE or GPA
- Whether the documentation provided is sufficient to support a determination that the mitigating/extenuating circumstances described were clearly a significant cause for your failure to meet Satisfactory Academic Progress
- Whether or not your plan to achieve Satisfactory Academic Progress is reasonable and attainable

**Committee decisions will be sent via email in two to four weeks, provided your appeal was received by the semester deadline.** If your appeal is denied, notification will include the reason(s) and any further options for appeal, if applicable. Appeals received after the deadline will be reviewed at the end of the semester, for subsequent semesters.

**SIGNATURE**

**To the best of my knowledge, all of the information on this form is complete and accurate. I understand that my appeal will not be processed without a typed statement of appeal and appropriate documentation attached to this form, and that the appeal committee reserves the right to request additional documentation.**

\_\_\_\_\_   
Student Signature

\_\_\_\_\_   
Date