Satisfactory Academic Progress (SAP) Appeal Form

Federal regulations require students to maintain Satisfactory Academic Progress (SAP) towards your degree in three academic areas to order to continue eligibility for financial aid:

Cumulative Grade-Point-Average, 
Completion percentage of hours attempted (Pace), and 
Maximum Time Frame.

Otterbein University evaluates each student’s progress at the end of each quarter.

If you wish to appeal the denial of financial assistance due to failure to maintain satisfactory academic progress, please complete this form and submit it to the Financial Aid Office.

______________________________
Name

______________________________
Major

______________________________
Expected Date of Degree

Reason for Appeal (mark all that apply):

☐ GPA  ☐ Completion Percentage-Pace (Credit hours earned divided by hours attempted)
☐ Maximum Time Frame

Please indicate which situation best applies to the academic difficulty you have experienced. Provide a detailed explanation of the factors contributing surrounding your current situation and the steps you will take for correction. **If required (per Financial Aid notification) a written plan must be developed and signed off on by a member of the Center for Student Success in addition to this form.**

☐ Medical: If a medical problem contributed to the 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 contributed to the lack of academic progress, attach appropriate documentation of medical records, death certificate, obituary, etc.

☐ Change of major: If a change of major has contributed to the lack of academic progress, please provide a written timeline displaying your academic history.

☐ Other circumstances: Please clearly state the circumstance (not listed above) and provide appropriate documentation.
Explanation of Appeal: Please print-attach a separate sheet of paper if necessary.

I understand that decisions on appeals are made on a case-by-case basis. I certify that all information included with this appeal is true. If granted an extension of financial aid eligibility, I am aware that I will be expected to make academic progress at the completion of the financial aid probationary period.

______________________________
Name

______________________________  _________________________
Signature                          Date

Otterbein University
Financial Aid Office
1 South Grove Street
Westerville, OH 43081
614-823-1502
614-823-1588 FAX