FINANCIAL AID
SATISFACTORY ACADEMIC PROGRESS (SAP)
Appeal Instructions and Checklist

PURPOSE: Use this form if you are appealing the suspension of your financial aid due to your failure to meet the SAP requirements set forth by the University of Oklahoma.

INSTRUCTIONS:

1) Complete sections 1-4 of the appeal form.

2) Attach the REQUIRED documentation requested on appeal form.

3) Write your OU ID at the top of each documentation page.

4) All documentation must be submitted when you submit your appeal. Any documentation submitted after you submit the appeal will not be used for consideration.

NOTE: MISSING DOCUMENTATION AND INCOMPLETE APPEAL FORMS WILL BE DENIED!

Have you done the following?

☐ Signed and completed sections 1-4 of the appeal form.

☐ Provided third party documentation to support your appeal and decision to continue enrollment.

☐ Written your OU ID at the top of each page.

Questions? Call (405)325-4521.

Submit the below appeal form and documentation to:
Financial Aid Services
Buchanan Hall, Rm. 216
1000 Asp Avenue
Norman, OK 73019-4078
FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS (SAP)
APPEAL FORM

Note: Financial aid awards are based upon funding availability at the time your appeal is reviewed. ALL INFORMATION IS CONFIDENTIAL.

SECTION 1: Student Information

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Phone Number</th>
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<table>
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<tr>
<th>Current Address:</th>
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| OU ID # ____________________________ |

| Social Security # ___________-_________ |

<table>
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<tr>
<th>Status: ______ UNDERGRADUATE</th>
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<tbody>
<tr>
<td>______ GRADUATE</td>
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| Expected Graduation Date: __________ |
| Requested aid reinstatement semester (only check one): |
|_________________________|
| Fall | Spring | Summer |

SECTION 2: Explanation of Circumstances: Check and complete the section which best applies. (Attach additional sheets if necessary.)

- Medical Condition: Explain circumstances and attach a health care provider’s written statement(s) confirming your medical condition(s) and impact during the semester(s) when SAP failure occurred and supporting your decision to continue enrollment.

- Birth of Your Child: Explain circumstances and attach copy of your child’s birth certificate.

- Death of Family Member: Explain circumstances and attach a copy of the death certificate, an obituary indicating date of death and your relationship to the deceased, a written statement from a pastor, or a written statement from a funeral director.

- Divorce/Separation/Adoption: Explain circumstances and attach supporting court document(s).

- Military Service: Explain circumstances and attach a copy of official military orders.

- Personal Difficulties: Explain circumstances and attach a written statement(s) from a counselor, academic advisor, pastor, employer, teacher, or attorney confirming your difficulties and supporting your decision to continue your enrollment.

- Max Hours: Explain and address transfer or military hours, changes in major, thesis progress, etc. Describe plan to graduate.

SECTION 3: Plan for Academic Success:
Describe what has changed in your situation that will assist you in achieving academic success in the future. Explain what campus-based or external resources you have utilized. (Attach additional sheets if necessary.)

- ________________________________

- ________________________________

- ________________________________

- ________________________________

SECTION 4: Certification Statement
I certify that all of the information I have provided is true and complete to the best of my knowledge. I understand I will be notified of the results of my appeal by mail and that I must comply with the terms outlined in that notification.

Student Signature: ___________________________ Date: ________________

Return this form and documentation to the Financial Aid Services office, Buchanan Hall, Rm. 216

SAP Appeal Form 6/20/12