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.

Appeal submission deadlines: November 15 for the Fall semester; April 15 for the Spring semester; July 15 for the Summer semester

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

PURPOSE: Use this form if you are appealing the suspension of your financial aid due to your failure to meet SAP requirements. If your SAP failure was due to extreme hardship, you may be eligible for reevaluation of your financial aid eligibility.

INSTRUCTIONS: Complete this form in its entirety and ATTACH REQUIRED DOCUMENTATION. INCOMPLETE APPEAL FORMS WILL BE SUBJECT TO DENIAL.

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

SECTION 1: Student Information

Student Name __________________________ OU ID # __________________________
Social Security # ____________-____-___________

Status: _____ Undergraduate
_____ Graduate

Expected Graduation Date: _________________

Requested aid reinstatement semester AND year:
___Fall   ___Spring   ___Summer   ________ YEAR

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 your 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, pastor, employer, instructor, attorney, or an OU Student Service office: Sooner Success, Project Threshold, OU Cares, Counseling Center, Center for Student Advancement, advisor, etc., confirming your difficulties and supporting your decision to continue your enrollment.

____________________________________________________________________________________

____________________________________________________________________________________

☐ Max Hours: Explain circumstances; address transfer or military hours, changes in major, thesis progress, etc. Describe your 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 1/4/13