



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.*

Appeal submission deadlines:

Fall semester-November 15th

Spring semester-April 15th

Summer semester- July 15th

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

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 professional third-party resource such as a counselor, pastor, employer, instructor, or attorney confirming your difficulties and supporting your decision to continue your enrollment. If needed, OU provides academic and personal counseling resources to students. Visit <http://www.ou.edu/financialaid.html> and click on the Resources page for a listing of potential offices that could assist you.

☐ **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