

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)325-9000.

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:

**Student Financial Center
Buchanan Hall, Rm. 105
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 # _____ Last 4 of SSN # _____
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 Student Financial Center, Buchanan Hall, Rm.105