Marshall University Joan C. Edwards School of Medicine
2014-15 Satisfactory Academic Progress (SAP) Appeal for Financial Aid Reinstatement

SAP5FA

Instructions:

This form may only be accepted if it is typed, includes required documentation, and is signed by you and your academic dean or designee. You are required to review and discuss your prepared SAP Appeal for Financial Aid Reinstatement with your academic dean, and it is your responsibility once it is signed to submit it to the Marshall University Joan C. Edward School of Medicine, Office of Student Financial Assistance, by the required deadline for the semester you are appealing.

Semester/Term	SAP Appeal Deadline Dates
Fall Semester	First day of published start date of classes
Spring Semester	First day of published start date of classes

If your appeal is approved, your reinstatement of financial aid for one semester may have conditional requirements. In addition, if your appeal is approved, you will be required to meet requirements of an Academic Plan, which, if followed, will allow you to continue to receive financial aid if all other conditions are met. In this instance, you will be assigned a status called "Financial Aid Probation."

Your completed and signed appeal should be submitted to:

Ms. Prudence Barker
Assistant Director of Student Financial Assistance
Office of Student Affairs
Marshall University Joan C. Edwards School of Medicine
Byrd Clinical Center
1249 15th Street
Suite 1018
Huntington, WV 25701
Fax: 304.691.8740
Email: barkerp@marshall.edu

SAP5FA

Marshall University Joan C. Edwards School of Medicine
2014-15 Satisfactory Academic Progress (SAP) Appeal for Financial Aid Reinstatement

COMPLETION OF THIS FORM MUST BE TYPED

Name: _____ Email: _____

MUID: 901-_____ Phone Number: _____

Enrollment period for which you are appealing: (check only one)

_____Fall 2014 _____Spring 2015

Step 1:

Provide a detailed explanation (e.g., illness, death in the family, involuntary military leave, or other extenuating circumstances) for your reason for failing the SAP standards. Please be specific in explaining the reason for withdrawing, not completing, or failing to earn a satisfactory grade for all your courses. Also, when applicable, submit documentation verifying your explanation for failure.

Step 2:

Provide an explanation of what has changed (and provide documentation if appropriate) that will now allow you to comply with SAP standards. Provide a statement of your academic objectives for success and your plan of corrective action. **You must attach a copy of your signed Plan of Study (and your Academic Improvement Plan if provided one from the Marshall University School of Medicine Academic Standing Committee).**

SAP5FA

Marshall University Joan C. Edwards School of Medicine
2014-15 Satisfactory Academic Progress (SAP) Appeal for Financial Aid Reinstatement

Step 3:

You are required to meet with your advisor to discuss this appeal and your academic plan for improvement. **You must obtain your advisor's signature on this form.** Your advisor's signature does not imply endorsement of your appeal; it only represents that you have met with your academic dean for purposes of proper academic advising and assistance with developing a realistic plan for academic success.

_____	_____	_____
Advisor's (or designee's) Name	Advisor's (designee's) Signature	Date

Step 4:

Sign and submit the completed appeal form.

_____	_____	_____
Student's Name	Student's Signature	Date

For Office Use

Completed Hours/Attempted Hours: _____/_____ Completion Ratio: _____

MU GPA/ Overall GPA: _____/_____

Decision: _____ ROASTAT CODE: _____

Signature: _____ Approved Rejected Date: _____

Signature: _____ Approved Rejected Date: _____

Signature: _____ Approved Rejected Date: _____