Satisfactory Academic Progress Appeal Form for Financial Aid
(Please print neatly – illegible forms will be returned unprocessed)

Name: ____________________________________________________________    Pitt Student ID:___________________________
Address:________________________________________________________________                                          City, State, Zip:_____________________________________
Email:_____________________________Phone:__________________
Expected grad date: (month/year) __________

All students enrolled at the University of Pittsburgh who could be eligible for federal Title IV student financial aid must maintain satisfactory academic progress (SAP) as prescribed by federal regulations. Students applying for financial aid from sources provided by the University of Pittsburgh, as well as from various other financial aid sources, must also meet these requirements. Students who do not meet SAP requirements will be denied financial aid and may appeal the denial based on extenuating circumstances. Appeals must be accompanied by a written explanation of the extenuating circumstances and by appropriate documentation.

Appeal Process and Form Instructions
1. Return this signed form and all required documentation to the address on the back of this form. Students wishing to submit an appeal should do so in a timely manner upon receipt of failure to meet SAP requirements notification.
2. Unsigned forms and those submitted without proper documentation will not be processed.
3. An appeal reviewed by the Appeals Committee does not guarantee reinstatement of financial aid.
4. The SAP Committee will review your appeal and supporting documentation. The Committee's decision will be sent to your Pitt email account within approximately ten (10) business days.
5. All appeal decisions made by the SAP Committee are final.

A. BASIS FOR APPEAL
1. Check the circumstance that applies to the reason for your SAP deficiency. Appeals submitted without supporting documentation will not be considered.

   ____ Serious medical illness or injury of student. A signed doctor's statement on office letterhead must be included.

   ____ Death of an immediate family member. A death certificate, obituary or announcement, as well as indication of your relationship must be included.

   ____ Other special and extenuating circumstances along with appropriate documentation.

   ____ I have exceeded the 150% timeframe without completing my degree. I understand, in addition to this appeal form, that I must also complete the Maximum Timeframe Completion Plan, which will be provided to me by the Financial Aid Office, to have my appeal considered under this basis.

2. Explain in detail your extenuating circumstances checked above and the circumstances that caused you to fail to meet SAP. Address all semesters with deficiencies, including withdrawals and non-passing grades that caused you to fall below 67% completion rate and/or a 2.0 cumulative grade point average. Attach additional page if necessary.

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

3. What steps have you taken or will you take to ensure that you will complete all of your course requirements in the future? Please explain changes in your situation since the extenuating circumstances occurred that will allow you complete your course requirements successfully in order to achieve a cumulative 67% completion rate and/or a 2.0 cumulative GPA. Attach additional page if necessary.

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
B. STUDENT CERTIFICATION

I certify that all of the information I have provided for this appeal is complete and accurate.

If this appeal is approved, I understand that I will be placed on financial aid probation status for one semester only and will receive financial aid for one semester only. At the end of the probationary semester, I must meet the conditions of the financial aid SAP policy; otherwise, a second appeal will not be considered and I will be ineligible to receive Title IV and other University of Pittsburgh financial aid.

If my appeal is approved, and it is clearly not possible for me to achieve SAP during a one semester probationary period, I may choose to agree to the terms and conditions of an academic plan to regain financial aid eligibility. I understand that entering into an academic plan is entirely optional.

Students who have not met SAP and whose appeals are denied are ineligible for Title IV and other University of Pittsburgh financial aid and may be eligible for the university payment plan and/or certain alternative loans through private lenders.

I am aware of and understand the exceptions to an appeal approval as noted below:

Students awarded a University merit scholarship must also maintain a 3.25 cumulative grade point average for the scholarship to be renewed. This requirement cannot be appealed.

Students awarded a Pennsylvania Higher Education Assistance Agency (PHEAA) grant must meet the academic progress standards established by the Commonwealth of Pennsylvania to have the grant continued. Requests for reinstatement of a PHEAA grant is not covered by this appeal.

Financial aid awarded by departments or organizations outside the Financial Aid Office are not covered under this appeal.

I understand that all appeal decisions are final.

Student’s Signature ___________________________________________ Date ___________

Submit completed form along with appropriate documentation to:

University of Pittsburgh at Greensburg
Financial Aid Office
150 Finoli Drive
Greensburg, PA 15601

For office use only:

__ Grant ____ Deny  Brief explanation: _____________________________________________

_________________________________________ Initials _______ Date __________

__ Grant ____ Deny  Brief explanation: _____________________________________________

_________________________________________ Initials _______ Date __________

__ Grant ____ Deny  Brief explanation: _____________________________________________

_________________________________________ Initials _______ Date __________

__ Grant ____ Deny  Brief explanation: _____________________________________________

_________________________________________ Initials _______ Date __________

__ Grant ____ Deny  Brief explanation: _____________________________________________

_________________________________________ Initials _______ Date __________

Action Taken

Appeal Approved: _____  Probationary semester: Summer 20____, Fall 20____, Spring 20____

Appeal Denied: _____  Comment for appeal denial: _____________________________________________