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Satisfactory Academic Progress Appeal 22-23

Students who have had their financial aid suspended because of they did not meet the requirements of the Satisfactory Academic Progress (SAP) Policy may submit an appeal requesting the continuation of their aid for one academic year. Students must read the Satisfactory Academic Progress (SAP) Policy for financial aid. The SAP Policy can be found on the University’s website under the financial aid section or paper copy can be provided by the Student Financial Services office.

This form, supporting documentation, and Academic Plan, must be submitted to Financial Aid at the address above, emailed to finaid@misericordia.edu, or faxed to 570.674.3063. **Deadline to appeal is June 30, 2022.**

Student Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_ Academic year 20\_\_\_\_-20\_\_\_\_

Reason for the Appeal:

* Medical
* Personal Emergency
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the extenuating circumstances that impacted your academic performance (attach additional pages if necessary). Be specific when explaining your circumstances. Lack of information or documentation will result in a delay of an appeal review, or may result in denial of your appeal.

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Future Success: Describe, in detail, the steps you will take to ensure academic success in the future (attach additional pages if necessary):

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Supporting Documentation needed along with appeal: In addition to this form, you must submit supporting documentation from an objective third party. This statement may be from a doctor, counselor, pastor, resident director, etc. This statement may NOT be from a fellow student or family member.

Statement of Certification and Understanding

* I certify that all of the information provided is complete and accurate to the best of my knowledge.
* I understand that all appeals are reviewed on a case-by-case basis and that this written request does not guarantee that my financial aid will be reinstated.
* I understand that I must still pay the charges incurred, regardless of the status of this appeal form, and that I will be responsible for any fees incurred if payment is not made on time.
* I understand that I am only allowed one appeal.
* I promise to follow the steps described in the Academic Plan and "Future Success" section to the best of my ability.
* I understand that if I receive a Merit Scholarship, it will be reviewed in accordance with the Merit Scholarship policy (Possible 25% reduction in Merit Scholarship)

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_