

Satisfactory Academic Progress Appeal Form

Hope College • Office of Financial Aid • 100 East 8th Street • P.O. Box 9000 • Holland, Michigan 49422-9000
Telephone: 616-395-7765 • finaid@hope.edu

To be completed by the Student – please print or type

Name: _____ Hope Student ID#: _____
Home Telephone: _____ Cell Telephone: _____
Semester/Term for which aid reinstatement is requested: _____

Federal regulations require that students make Satisfactory Academic Progress (SAP) towards the completion of their degree and maintain good academic standing. By submitting this form you (the student) are explaining your deficiency, and requesting consideration for reinstatement of your financial assistance. Appeal forms must be submitted prior to November 1 if requesting reinstatement of your financial aid eligibility for the fall semester, or March 1 if requesting reinstatement of financial aid eligibility for the spring semester. Any appeal submitted for a semester or term after you have ceased attending said term will not be granted. If you withdraw while waiting for an appeal decision, the appeal will not be granted.

Please check the circumstance below that applies. You must provide supporting documentation as noted. **Appeals without sufficient supporting documentation will automatically be denied. ALL requirements must be met or your Appeal Form will be returned without a review.**

Circumstances for Appeal	Supporting Documentation
<input type="checkbox"/> Serious medical illness/injury or psychological illness	<input type="checkbox"/> Signed doctor's statement on office letterhead
<input type="checkbox"/> Death of an immediate family member	<input type="checkbox"/> Death certificate; obituary or announcement including your relationship
<input type="checkbox"/> Other special circumstances	<input type="checkbox"/> Specific to the circumstances

You must attach the following materials to this Appeal Form in order for your appeal to be considered complete. Use the second page of this Appeal Form to submit your personal statement and to explain how your circumstances have changed.

- A personal statement explaining why you failed to achieve satisfactory academic progress. Examples of extenuating circumstances include a serious personal or immediate family critical illness (physical or mental), death of an immediate family member, pending incomplete grades, or withdrawal from classes after the drop/add period. Include an explanation as to why this circumstance precluded your success.
- Supporting documentation as required above.
- An explanation as to how your circumstances have changed, allowing you to successfully make satisfactory academic progress. Include resources you intend to use to assist you in becoming successful.
- Your unofficial academic transcript (from KnowHope Plus/Registrar & Student Accounts/Student Records).

Note: No incomplete appeals will be considered.

Provide your academic information in the box below. Determine your 'Required GPA' and 'Required %' from Requirements 1 and 2 of the SAP Policy.

My anticipated graduation date: _____ My cum. GPA: _____ Required GPA: _____
My attempted hours: _____ My earned hours: _____ My completion %: _____ Required %: _____
(Attempted hours include TR and EXM.) (Earned hours/Attempted hours)

Use the lines below to provide a personal statement describing the reasons and circumstances surrounding your insufficient academic progress. Use extra pages if necessary and attach all required documentation. Sign this form and all supplemental pages.

You must complete this section. Explain how your circumstances have now changed to allow you to meet the satisfactory academic progress policy standards if you are again granted financial aid eligibility.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND COMPLETE.

Handwritten Signature Required

STUDENT NAME (please print)

STUDENT SIGNATURE

HOPE STUDENT ID#

DATE

Return this completed Appeal Form with the required documentation to:

Hope College Office of Financial Aid
100 East 8th Street, P.O. Box 9000
Holland, Michigan 49422-9000
Fax: 616-395-7160 E-mail: finaid@hope.edu