



SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Office of Financial Aid & Scholarships, 1500 University Drive, Billings, MT 59101

Federal Regulations require that students must maintain satisfactory academic progress (SAP) to receive financial aid. If you are in *financial aid disqualification* from failure to meet SAP standards due to significant extenuating circumstances (i.e., serious injury or death in your family), you have the right to appeal. A complete appeal is clear, concise, and includes appropriate documentation from valid sources. A change of major or a double major are generally not considered to be extenuating circumstances. For further information regarding MSUB's SAP Policy, please visit <https://www.msubillings.edu/finaid/SAP.htm>.

INSTRUCTIONS FOR YOUR APPEAL

1. **Submit a typed personal statement** (signed and dated) which gives a detailed description of the extenuating circumstances that prevented you from meeting SAP standards. If your deficiencies occurred over multiple terms, please address performance issues over all terms in failure of meeting SAP. Include the following:
 - a. What has changed that will now allow you to progress toward your degree?
 - b. What resources do you intend to use to prevent the circumstances from occurring again?
 - c. If you are at *maximum timeframe*, address the circumstances that prevented graduation within the applicable credit limit. Be specific when referring to credit amount and time periods.
2. **Include your Plan of Study** (see page 2) signed by your advisor, or a Degreeworks plan of study, completed and locked by your advisor and printed and signed by you. If the appeal is for an extension of time, the plan must include every semester until graduation and have a firm graduation date. The plan must outline only courses required for graduation.
3. **Attach supporting documentation** verifying the circumstances in the personal statement. The dates need to correspond to the time you had academic difficulty. Documentation is to be pertinent to the circumstances for the appeal. Examples include, but not limited to, medical documentation, death certificate, obituary, or court documents. Supporting statements from an individual must specify the relationship of the individual to the student and be in written form, signed, and dated.
4. **TIMELINE** - It is strongly recommended that you have submitted a complete appeal request no later than **two weeks prior** to the start date of your first course in the semester for which you are appealing for financial aid reinstatement. Appeals received may take up to two weeks or more depending on the appeal volume at the time submitted. Students will be notified in writing (email or letter) of the decision.

STATEMENT OF UNDERSTANDING AND SIGNATURE

- I understand that I am responsible for all college costs should I choose to enroll in courses (tuition, fees, books, room and board, etc.).
- I understand that submitting this appeal does not guarantee my appeal will be approved.
- I understand that if my appeal is approved, I have agreed to adhere to the terms and conditions set forth in my approval notice to continue receiving financial aid. If I do not meet these requirements, my financial aid status will revert to disqualification.

Student's Signature: _____ Date: _____

PLAN OF STUDY

Satisfactory Academic Progress Appeal

Student: _____ Student ID: _____

Print Student's Name

Student's address: _____

Student's email: _____ Student's phone #: _____

MAJOR: _____

Please list the courses the student will take for the next 3 to 5 semesters. Asterisk any repeat courses.

***** PLAN OF STUDY MUST BE SIGNED BY THE STUDENT AND THE ADVISOR *****

Fall 20__	Cr.	Spring 20__	Cr.	Summer 20__	Cr.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total	_____	Total	_____	Total	_____

Fall 20__	Cr.	Spring 20__	Cr.	Summer 20__	Cr.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total	_____	Total	_____	Total	_____

CERTIFICATION: The above courses are required for the student's degree.

Expected graduation date: _____

Number of earned credits that apply toward degree: _____

Number of credits left to earn for degree: _____

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____