

Last Name: _____ First Name: _____ UB person number: _____

Instructions

Federal financial aid regulations state that a student must make progress towards a degree in accordance with the school's Satisfactory Academic Progress policy. A student's federal financial aid eligibility is terminated if the minimum SAP standards are not met after the Financial Aid Warning period has ended. However, a student has the right to appeal the loss of federal financial aid eligibility if extenuating circumstances existed. Complete the appropriate sections of the appeal form and submit by the corresponding deadline:

Summer deadline: July 15

Fall deadline: November 15

Spring deadline: April 15

Section 1: Appeal Reason

1. I am requesting an appeal for the loss of Financial Aid eligibility for the following semester:
 - Summer 2021
 - Fall 2021
 - Spring 2022

2. I am requesting an appeal for the loss of Financial Aid eligibility for the following reason(s):
 - Did not meet Grade Point Average Standard:** GPA is below published standards
 - Did not meet the Pace Standard:** high percentage of failed or withdrawn courses
 - Maximum Time Frame:** number of attempted credits exceeds program requirements

3. **Extenuating Circumstances:** please check the appropriate boxes that caused you to fail the SAP standards:
 - Serious illness or injury to the student**
 - *Required:* Attach a written statement from a physician or medical professional on official letterhead and indicate the nature of the illness. Statement must include the dates of the illness or injury. **Do not submit medical records or medical billing information.**
 - Serious illness or injury to an immediate family member (immediate family member is defined as: child, spouse, parents/legal guardian or sibling).**
 - *Required:* Attach a written statement from a physician or medical professional on official letterhead and indicate the nature of the illness. Statement must include the dates of the illness or injury. **Do not submit medical records or medical billing information.**
 - Death of immediate family member (child, spouse, parents/legal guardian or sibling).**
 - *Required:* Attach a copy of the obituary or death certificate. In your personal statement, include the name of the deceased and his/her relationship to you. Specify how this death impacted your ability to be successful.
 - Other Unusual Circumstances** (e.g. military, house fire, crime victim, academic withdrawal, deferred academic dismissal, COVID-19, etc.)
 - *Required:* In your personal statement, provide a detailed explanation regarding the nature of the unexpected circumstances. You must provide supporting documentation (**if applicable**) to corroborate your statements.

4. **Personal Statement:** on a separate piece of paper, detail the extenuating circumstances that have taken place and what steps you have taken to ensure your future success at UB. In addition, if you are a reentry student or have been granted a deferred dismissal please include this in your statement.

Section 2: Statement of Understanding and Signature

- Check each box to acknowledge that you have read and understand the terms and conditions
- I understand that I must be currently registered for the current term prior to submitting an appeal.
 - I understand that I am responsible for all charges incurred regardless of the SAP Appeal status.
 - I understand that the submission of an appeal does not guarantee approval; and **the committee decision is final.**
 - Reinstatement to the university or an approved academic withdrawal does not guarantee receipt of financial aid.

Student Signature: _____ Date: _____

Student Name: _____ UB Person Number: _____

Section 3: Academic Summary

1. I have earned a prior:	Associates Degree	Bachelor's Degree	Conferral Date:
2. List your approved major (program of study):			
3. Total number of credit hours required for the degree listed:			
4. Total number of credits attempted (including W, R, F, FX, I, S, and U grades):			
5. Total number of credits completed :			
6. Total number of earned credits NOT being used towards your program of study:			
7. Cumulative GPA:			
8. Expected Graduation Date:			

Section 4: Remaining UB Courses (to be completed by an Academic Advisor)

Complete this section only if appealing for Maximum Time Frame. Please list the *remaining* UB degree applicable courses, by term (including the current semester), required for degree completion. Copy this side if you need to list required coursework beyond 4 terms.

<input type="checkbox"/> Summer:	<input type="checkbox"/> Fall:	<input type="checkbox"/> Spring:		<input type="checkbox"/> Summer:	<input type="checkbox"/> Fall:	<input type="checkbox"/> Spring:			
Course			Req.	Cr.	Course			Req.	Cr.
Total Credits					Total Credits				
<input type="checkbox"/> Summer:	<input type="checkbox"/> Fall:	<input type="checkbox"/> Spring:		<input type="checkbox"/> Summer:	<input type="checkbox"/> Fall:	<input type="checkbox"/> Spring:			
Course			Req.	Cr.	Course			Req.	Cr.
Total Credits					Total Credits				

Completed by: _____

Academic Advisor (Please Print) Academic Advisor (Signature)

UB Email Address Date