



Educational Opportunity Program

Return to: Educational Opportunity Program CSU, San Bernardino 5500 University Parkway San Bernardino, CA 92407 Phone: (909) 537-5042 Fax: (909) 537-7084

Name _____ Coyote ID _____

Email _____ Phone _____

2018 – 2019 Satisfactory Academic Progress Appeal Form

Students who do not meet the Cal State San Bernardino Satisfactory Academic Progress (SAP) Policy requirements will lose eligibility for financial aid. However, a student has a right to appeal reinstatement of their financial aid or meet the SAP requirements set forth for their class level. Please refer to the SAP Policy for more detailed information. Appeal must be submitted before the end of the term.

To appeal for reinstatement of your financial aid, please complete the following steps:

- 1. Please read the "Satisfactory Academic Progress Policy" in its entirety before submitting your request to appeal.
2. Complete and sign the Satisfactory Academic Progress Appeal form.
3. Attach a typed statement with supporting documentation to support your statement. Your statement should address the following:
- What was the circumstance that caused your inability to earn the units attempted or the completion of your degree objective?
- What has changed, or what steps have you taken to resolve the situation so that you can be successful in the next academic year?
4. If applicable, meet with your department major advisor to complete and sign a "Satisfactory Academic Progress Ed Plan".
5. Call the EOP office at 909.537.5042 to schedule a SAP Appeal appointment with the appropriate EOP Representative.

PLEASE ALLOW TEN BUSINESS DAYS FOR PROCESSING

Student Certification: I hereby certify that I have read and understand all information related to this appeal form and have reviewed the CSUSB Satisfactory Academic Progress (SAP) Policy. I certify that all information reported on this appeal form and any attachments provided are true, complete and accurate. Additionally, I authorize EOP and the Office of Financial Aid & Scholarships to verify any information submitted. I understand that if my appeal is not approved, I am responsible to pay any fees incurred at CSUSB.

Student Signature _____

Date _____

OFFICE USE ONLY

Appeal # _____

AY Summer Fall Winter Spring

Units Earned _____ Attempted _____

Cumulative GPA _____

Subject to Dismissal Y N

Exceeded 270 Unit Cap? Y N

Overall Units Attempted _____

- Medical
Illness/Injury
Serious Personal or Family Problems
Financial/Legal
Military Duty
Documentation Provided
Other

RECOMMENDATION/ACTION:

Approved Denied/Forwarded to Committee

CONDITIONS:

- Earn all units attempted
Earn a minimum term gpa
Follow attached SAP Academic Progress Ed Plan
Complete English Math
Enroll in a maximum of units
Graduate by the term
Other

EOP Representative Signature _____

Date _____