

Name _____

Coyote ID _____

Email _____

Phone _____

2019 – 2020 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