

Return to: 5500 University Parkway UH 150 San Bernardino, CA 92407

☐ Other _____

Tel: (909) 537-5227 Fax: (909) 537-7024

Student Name:			Coyote ID:
Term(s) Appe		Spring Sumr	mer Phone #:
	20	20-2021Satisfa	factory Academic Progress Appeal
requirements of his financia	will lose eligib Il aid or meet t	ility for financia he SAP require	San Bernardino Satisfactory Academic Progress (SAP) Policy al aid. However, a student has a right to appeal reinstatement ements set forth for his class level. Please refer to the SAP beal must be submitted before the end of the term.
To appeal for	r reinstateme	nt of your fina	ancial aid, please complete the following steps:
following: • What	t was the circu		caused your inability to earn the units attempted or the tive?
 What has changed, or what steps have you taken to resolve the situation so that you can be successful in the next academic year? 			
2. Submit an academic plan signed by you and your Academic Advisor, if applicable.			
appeal form a all information accurate. Add	ind have revie n reported on t litionally, I aut	wed the CSUS his appeal form norize the Offic	at I have read and understand all information related to this SB Satisfactory Academic Progress (SAP) Policy. I certify that m and any attachments provided are true, complete and ce of Financial Aid & Scholarships to verify any information is not approved, I am responsible to pay any fees incurred at
Student signature:			Date:
Office Use Only			
Appeal # UGRD □ PBAC □ CRED			Max Units/Sems GPA Earned/Attempted
Action : □ Ap	proved	☐ Denied	☐ Forwarded to Committee
Reason(s):	☐ Medical	☐ Accident	☐ Personal/Family ☐ Financial ☐ Other
Conditions:	☐ Earn all atte	empted units	☐ Earn term gpa ☐ Follow Academic plan

☐ Graduate by:

Financial Aid Representative _____