



Return to:
 5500 University Parkway UH 150
 San Bernardino, CA 92407
 Tel: (909) 537-5227
 Fax: (909) 537-7024

Student Name: _____ Coyote ID: _____

Term(s) Appealing for: Fall Winter Spring Summer Phone #: _____
 (Circle all that apply)

2019-2020 Satisfactory Academic Progress Appeal

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 his financial aid or meet the SAP requirements set forth for his 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. Attach a typed personal statement, with supporting documentation as appropriate, addressing 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?
2. Submit an academic plan signed by you and your Academic Advisor, if applicable.

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 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 # _____	<input type="checkbox"/> UGRD <input type="checkbox"/> PBAC	_____ Max Units/Qtrs	_____ GPA	
	<input type="checkbox"/> CRED	_____ Earned/Attempted		
Action:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Forwarded to Committee	
Reason(s):	<input type="checkbox"/> Medical	<input type="checkbox"/> Accident	<input type="checkbox"/> Personal/Family	<input type="checkbox"/> Financial <input type="checkbox"/> Other
Conditions:	<input type="checkbox"/> Earn all attempted units	<input type="checkbox"/> Earn _____ term gpa	<input type="checkbox"/> Follow Academic plan	
	<input type="checkbox"/> Graduate by: _____	<input type="checkbox"/> Other _____		
Financial Aid Representative _____		Date _____		