

2025-2026 Satisfactory Academic Progress (SAP) Appeal Form

Name _____

Coyote ID _____

Email _____

Phone _____

1. **Select which term you are appealing for aid reinstatement consideration:** ☐ Fall 2025 ☐ Spring 2026 ☐ Summer 2026
2. **Select the reason(s) for your appeal (check all that apply):**
 - ☐ Minimum Cumulative Grade Point Average or Two Years of Study Minimum GPA Not Met
 - ☐ Minimum Required Unit Completion/Earned Not Met
 - ☐ Maximum Time Frame or Units Allowed of Aid Eligibility for Degree Completion Exceeded (must include SAP Academic Plan with Appeal Form).
3. **Attach a typed-written statement of explanation and please include your name and Coyote ID (*see instructions sheet*).**
4. **Attach supporting documentation and, if applicable, your signed SAP Appeal Academic Plan (*see instructions sheet*).**

Student Statements of Understanding

My signature below acknowledges the following:

- ✓ The information on this form and in any attachments is complete and accurate. I authorize the Office of Financial Aid and Scholarships to verify any information submitted.
- ✓ I understand that the submission of this appeal does not guarantee reinstatement of financial aid and that I am responsible for any account balance should I decide to continue enrollment.
- ✓ I understand the SAP Appeal review process may take a minimum of 3 to 4 weeks (or longer) and I am responsible for paying my registration fees by the payment deadlines specified in the "Schedule of Classes" to register for classes or to avoid being dropped from my classes.
- ✓ I understand that my **complete** appeal documents must be submitted no later than 21 days from the end of the term in which I wish to be considered for aid reinstatement. If the appeal is submitted after, it will not be reviewed or considered for possible aid reinstatement for the current term. *Fall 2025 deadline: **November 11, 2025**, Spring 2026 deadline: **April 18, 2026**, Summer 2026 deadline: **July 21, 2026**.*

Student's Signature: _____

Date: _____

OFFICE USE ONLY

APPEAL # _____

RECOMMENDATION/ACTION:

☐ AY ☐ Fall ☐ Spring ☐ Summer

☐ Approve ☐ Deny/Forward to Committee

Units Earned _____ Attempted _____

CONDITIONS:

Cumulative GPA _____

☐ Earn all units attempted

Subject to Dismissal ☐ Y ☐ N

☐ Earn a minimum _____ term gpa

Exceeded 180 Unit Cap? ☐ Y ☐ N

☐ Follow attached SAP Appeal Academic Plan

Overall Units Attempted _____

☐ Complete English _____ Math _____

☐ Medical

☐ Enroll in a maximum of _____ units

☐ Illness/Injury

☐ Graduate by the _____ term

☐ Serious Personal or Family Problems

☐ Other _____

☐ Financial/Legal

☐ Military Duty

☐ Documentation Provided

☐ Other _____

EOP Representative Signature

Date