Use this form if you are appealing the suspension of your financial aid due to your failure to meet the SAP requirements set forth by Kennesaw State University, [http://financialaid.kennesaw.edu/policies_guides/sap_policy.php](http://financialaid.kennesaw.edu/policies_guides/sap_policy.php). If your SAP failure was due to extenuating circumstances, you may be eligible for reevaluation of your financial aid eligibility by the SAP Appeals Committee.

**Satisfactory Academic Progress has qualitative and quantitative requirements as follows:**

**Qualitative (GPA)**
- 2.0 cumulative GPA for an undergraduate student or
- 3.0 cumulative GPA for a graduate student

**Quantitative (Completion Ratio and Maximum Time Frame)**
- Undergraduate students must complete their degrees before reaching 185 attempted hours (including hours from other institutions) and earn at least 67% of the hours they attempt
- Graduate students must complete their degrees before reaching 150% of the number of hours required for their degrees and earn at least 67% of the hours they attempt

**INSTRUCTIONS**

1) Complete sections 1-5 of the appeal form (all sections are required).
2) Attach the REQUIRED documentation requested on the appeal form.
3) Write your name and KSU ID# at the top of each documentation page.
4) All documentation must be submitted when you submit your appeal. Any documentation submitted after you submit the appeal may not be used for consideration. Supporting statements cannot be from family members. Supporting statements must be SIGNED and on professional letterhead.

**COMPLETION STEPS**

*Note: Appeals with MISSING INFORMATION and/or INCOMPLETE APPEAL FORMS are subject to DENIAL*

- I have signed and completed sections 1-4 of the appeal form;
- I have provided third party documentation to support my appeal and my decision to continue enrollment;
- I have met with my academic advisor and updated my Student Education Plan in Degree Works of Owl Express;
- I have written my KSU ID# and name at the top of each page;
- I have made copies of my appeal and documents to keep for my own records.

Questions: Call the Financial Aid Office at: (770) 423-6074

Submit the appeal form and required documentation to:

Kennesaw State University  
Office of Student Financial Aid  
585 Cobb Avenue NW, MD 0119  
Kennesaw, GA 30144  
Fax # (470) 578-9096
Section 1: Student Information (type or print all information clearly)

Student Name ___________________________________________  KSU ID# _________________________________
KSU email _____________________________________________@students.kennesaw.edu  Daytime Phone # _________________
Mailing Address ____________________________________________________________________________________
Status: ___ Undergraduate  ___ Graduate  Major ___________________________ Expected Graduation Date _________________
Academic Advisor __________________________ Requested aid reinstatement Semester (choose one)  Fall  Spring  Summer

Section 2: Attach a typed statement explaining your circumstances. This statement should include all relevant information regarding your situation.

Section 3: Explanation of Circumstances – check the section which best applies. (Attach required statements/documents on separate sheets.)

Letters of support must be signed and on professional letterhead.

- Medical Condition: Attach a health care provider’s written statement(s) confirming your medical condition and impact during the semester(s) when SAP failure occurred and supporting your decision to continue your enrollment. (Insurance statements and/or physician prescription pad notes are not acceptable.)

- Birth of your Child: Attach a copy of your child’s birth certificate and a written statement(s) from a medical professional confirming the extenuating circumstances caused by the birth of your child and supporting your decision to continue your enrollment.

- Death of a family member: Attach a copy of the death certificate or a written statement from a pastor or funeral director confirming your relationship to the deceased and the extenuating circumstances and supporting your decision to continue your enrollment. (Obituary articles are not acceptable.)

- Divorce/Separation/Adoption: Attach supporting court document(s) and a written statement(s) from a counselor, pastor, employer, instructor, attorney, or advisor, confirming the extenuating circumstances and supporting your decision to continue your enrollment.

- Military Service: Attach a copy of official military orders with dates corresponding to the semester in which the SAP failure occurred.

- Personal Difficulties: Attach a written statement(s) from a counselor, pastor, employer, instructor, attorney, advisor, or KSU Student Success Services office, confirming your difficulties and supporting your decision to continue your enrollment.

- Exceeding Maximum Time Frame of Allowable Hours: Attach a written statement from your advisor confirming your circumstances and why you have exceeded the maximum time frame.

Office of Student Financial Aid, 585 Cobb Avenue NW, MD 0119, Kennesaw, GA 30144
Phone (770) 423-6074  Fax (470) 578-9096

Updated: September 2016
Section 4: Plan of Action for Academic Success *(Your statement must be typewritten)*

Describe what has changed in your situation that will assist you in achieving academic success in the future. Detail your plan for the courses and steps you will take to ensure your success. **MEET WITH YOUR ACADEMIC ADVISOR to update your Student Educational Plan in Degree Works of Owl Express. ATTACH A COPY OF YOUR STUDENT EDUCATIONAL PLAN TO YOUR APPEAL.**

Section 5: Certification Statement

I certify that all of the information I have provided is true and complete to the best of my knowledge. I have read the SAP Policy detailed at [http://financialaid.kennesaw.edu/policies_guides/sap_policy.php](http://financialaid.kennesaw.edu/policies_guides/sap_policy.php), and I am aware of the appeal submission deadlines for each term. I understand that I cannot appeal if I have already been granted an appeal during the current academic year, and that I am limited to two appeals during my academic career at KSU. I understand I will be notified of the committee’s decision by **U.S. Mail and my Kennesaw State University official email**, and that I must comply with the terms of the notification. I understand that my appeal may be denied and that I should be prepared to pay for the courses in which I have enrolled or to withdraw from my courses by the last day of the drop period to avoid financial penalty (visit [http://registrar.kennesaw.edu](http://registrar.kennesaw.edu) for details).

Student Signature ____________________________________________ Date ____________________________

Complete appeals submitted by the 5th of each month will receive the Appeals Committee decision by the 20th of that month. Decisions are sent to your student email address and are mailed via US Mail.

For Office Use Only:

Received: ___Form ___Statement ___Supporting Documents ___Checked Degree Works

Cumulative GPA ________ Completion Rate % ________ Prior Appeal ________ Initials ________

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Phone (770) 423-6074 Fax (470) 578-9096

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