

*Office of Student Financial Aid*

Easton, PA 18042 ۰ Tel (610) 330-5055 ۰ Fax (610) 330-5758 ۰ financialaid@lafayette.edu

**Request to Appeal Loss of Financial Aid Eligibility Due to Academic Progress**

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class Year:** \_\_\_\_\_\_\_\_\_

**Lafayette ID#:** L0\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class Dean:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students who lose eligibility for financial aid due to not meeting satisfactory academic progress (SAP) standards may appeal the decision. Appeals must be submitted to the Office of Financial Aid within **two weeks** of notification of the loss of eligibility. In order for an appeal to be considered, it must be completed, signed, and submitted by the student to [financialaid@lafayette.edu](mailto:financialaid@lafayette.edu) and include the following:

* Personal Academic Plan - Appealing Satisfactory Academic Progress for Financial Aid
* Supporting documentation of extenuating circumstances (if applicable)

Appeals may be granted based on the extenuating circumstances, supporting documentation, level of deficiency and feasibility of the proposed academic plan. The academic plan will be shared with and must have the approval from your class dean. Appeals will be reviewed by the Appeals Committee in a timely manner. Notification of the appeal decision will be communicated to you via your Lafayette email address. If the appeal is granted, any conditions that apply will be clearly noted in the email.

Academic progress standards are listed below:

Year in school Cum GPA Courses Completed

First Year 1.80 6

Second year 2.00 14

Third Year 2.00 22

Fourth Year 2.00 32

1. Are you currently enrolled or planning to enroll in a summer course/s:
   * at Lafayette? If so, tell us how many courses:\_\_\_\_\_\_\_\_\_\_\_\_
   * at another college/university? If so, tell us how many courses\_\_\_\_\_\_\_\_

***I wish to appeal my loss of eligibility for financial aid due to insufficient academic progress and understand the academic standards required to maintain financial aid eligibility.***

*Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_*



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**Personal Academic Plan - Appealing Satisfactory Academic Progress for Financial Aid**

Your Personal Academic Plan is a means for you to share your reflections about what has influenced your past performance and what you might do to improve your results. In order for your appeal to be considered, please complete the following questions and submit it along with your appeal to financialaid@lafayette.edu. We will share this Personal Academic Plan with your class dean, and it will require his/her approval.

1. Comment on any factors that have negatively affected your academic performance this past semester (e.g. choice of major, time management, study skills, personal/family issues, substance use, etc.):

|  |
| --- |
|  |

1. Identify some areas of growth upon which you could improve:

|  |
| --- |
|  |

1. How do you plan to regain Satisfactory Academic Progress?

|  |
| --- |
|  |

*I have constructed this academic plan to achieve the required benchmarks per Lafayette’s Satisfactory Academic Progress Policy.*

*Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_*

***To be completed by your academic dean:***

*I have reviewed the Personal Academic Plan and approve with the following condition(s ):*

|  |
| --- |
|  |

*Academic Dean’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Academic Dean’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_*

***To be completed by the Office of Financial Aid:***

The Appeals Committee has reviewed the academic plan and concluded the following:

❑Appeal is denied; student is ineligible for aid.

❑Appeal is approved; student will regain aid eligibility and be placed on financial aid probation with the following conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date Decision Rendered:\_\_\_\_\_\_\_\_\_\_\_\_ Date Student Notified of Decision:\_\_\_\_\_\_\_\_\_\_\_\_