CNU
FINANCIAL AID

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Satisfactory Academic Progress Appeal Form

Students may appeal the loss of their financial aid eligibility if it was caused by unusual mitigating circumstances. These circumstances include, but are not limited to, sudden illness of the student or an immediate family member, death of an immediate family member, or other unusual circumstances.

Once this appeal form has been completed, please submit it to the financial aid office with your supporting documentation. Appeals submitted without supporting documents will be **denied**.

Please note that you must submit your appeal before the following deadlines to be considered for aid in the semester for which you are applying:

Summer 2025:	**Fall 2025:**	**Spring 2026:**	**Summer 2026:**
May Term: No appeal	Preferred: **August 15**	Preferred: **January 5**	May Term: No appeal
Summer Term 1: **May 28**	Final: **September 15**	Final: **February 5**	Summer Term 1: **May 27**
Summer Term 2: **May 28**			Summer Term 2: **May 27**

Section A: Student Information – To be completed by the student

_____ _____ ____ _____
Last Name First Name MI Student ID#

_____ _____
Current Major or Area of Interest Area Code and Phone Number

Please check the term you would like to utilize the appeal **(CHOOSE ONE TERM ONLY)** and fill in the appropriate year.

Fall 20_____ Spring 20_____ Summer 20____

Section B: Written Statement - To be completed by the student

Please provide a written explanation detailing the reasons you failed to make Satisfactory Academic Progress (SAP). Extenuating circumstances may include the following:

- Personal illness or illness of an immediate family member. Please attach a statement from a family physician attesting to the medical condition.
- Death of an immediate family member. Please indicate this individual's relationship to you. Please attach a copy of the obituary or death certificate
- Other unusual mitigating circumstances. Please provide a written explanation and supporting documentation (i.e. court records, police reports, letter from a third-party)

Please note that issues with instructor(s)/course(s), job conflicts, misuse of time management, transportation problems, or child care conflicts DO NOT constitute as unusual mitigating circumstances and will not be considered.

Section C: Action Plan & Resources Used – To be completed by the student

Please provide a written explanation with the following:

- The steps you will take this semester to ensure that you are meeting the terms of this plan and meeting Satisfactory Academic Progress Requirements.
- The campus resources you will use to support you in the courses you are taking this semester.
- The steps you have already taken to improve
- Any additional steps you still need to implement.

Check each item below to ensure that you have included all requirements in this appeal request:

- An explanation of the mitigating circumstances that had a direct impact on your inability to meet the required SAP Standards, and
- Your plan of action that includes what has changed, what steps you have already taken, and what additional steps that you plan to take to be successful going forward, and
- Supporting third party documentation to support the mitigating circumstances described.
- Interest in potential classes for Section F.

Section D: By signing, you are indicating that you have read and understand the information below.

- I understand that the decisions on appeals are processed on a case-by-case basis.
- I have read the Christopher Newport University SAP policy and understand why I am not making satisfactory academic progress.
- I understand that appeals turned in without supporting documentation will be denied. If approved, I will be expected to:
    - Follow the academic plan I create in partnership with the Center for Student Success and the Office of the Registrar.
    - Only enroll in courses required for my degree program.
    - **Complete <u>all courses attempted</u> in the semester for which you are appealing with a grade of C or better (a C- grade will be considered below the requirement).** Attempted courses are all those for which you are enrolled in at the end of the University's published Add/Drop period. Withdrawals, incompletes, and grades of UI or F are not considered to have been completed successfully.
    - **You must have a minimum term GPA of 2.00 at the end of the semester for which you are appealing.**
- I understand that I <u>must continue meeting the requirements established in this plan until I have met minimum Satisfactory Academic Progress requirements</u>. This means my grades will be reviewed at the end of each term for which I enroll. *Failure to meet the above requirements will result in the cancellation of my financial aid for future semesters*.
- I understand that I must meet with a staff member in the Center for Student Success to complete Section E (page 3) of this form.
- I understand that I must submit Section F (page 4) of this form to the Office of the Registrar <u>AFTER</u> I have completed my meeting with the Center for Student Success. Once completed, a staff member with the Office of the Registrar will submit a completed page 4 to the Office of Financial Aid.

Only handwritten signatures (not typed) are acceptable on this form.

Signature: _____ **Date:** _____

Section E: Grade Point Average Information – To be completed by a Center for Student Success staff member

_____	_____	_____
Current Cumulative GPA	GPA Hours from Transcript	Earned Hours from Transcript

1. Can the student mathematically increase their cumulative GPA into Good Standing (2.0) at the end of the term for which they are appealing their Satisfactory Academic Progress?

   Yes **No**

2. If so, what GPA will the student need to obtain this semester to bring their GPA into Good Standing?

   _____

3. If the student cannot mathematically bring their GPA into Good Standing by the end of this term, how many semesters do you expect the student to need to bring their GPA into Good Standing?

   _____

4. What (if any) courses should the student consider repeating?

   _____

   _____

   _____

_____	_____	_____
Printed Staff Member Name	Staff Member Signature	Staff Member Email Address

Section F: Course Information – To be completed by an Office of the Registrar staff member

Last Name	First Name	MI	Student ID#

Current Major or Area of Interest	Minor(s)

I am interested in taking the following courses this semester:

*****Please note that federal financial aid will only pay for one repeat of a previously passed course, regardless of a student's SAP status.***

If your planned schedule does not meet the requirements for your degree program, you may be contacted by Degree Audit staff in the Office of the Registrar to discuss your options.

OFFICE OF THE REGISTAR USE ONLY:

Please list the courses the student is taking this semester.

	Course & Number	Credits	Repeat?	Required to Take?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				