



Office Use
 Only
APEL#

Satisfactory Academic Progress (SAP) Appeal Application

Student Name _____ LU ID _____

Term	Final Deadline:
Fall	November 20th
Spring	April 20th
Summer	July 20th

Your financial aid is currently suspended because you are not meeting one or more of the Satisfactory Academic Progress standards. To view your current Academic Progress status: log in to Self Service Banner → Click Financial Aid → Click Eligibility → Click Academic Progress.

You may appeal the suspension of your financial aid if one of the following occurred preventing you from meeting Satisfactory Academic Progress (SAP) standards.

- Injury or illness to you
- Death of an immediate relative
- Other extenuating circumstances (This includes, but is not limited to, a natural disaster or pandemic.)

Appeals may take up to 3 weeks for review. You are encouraged to submit your appeal as soon as possible, but no later than the deadline listed above to guarantee review. If the appeal deadline falls on a weekend or holiday, you should submit no later than the following business day. **You are responsible for meeting any payment deadlines while waiting on the decision of an appeal. Please do not miss class while waiting on a decision.**

Step 1 (REQUIRED): Type in the box below, explaining what specifically happened that prevented you from meeting the required SAP standard. If you need more space, attach an additional statement with this form.

Step 2 (REQUIRED): Type in the box below, explaining what has changed that will allow you to make satisfactory progress at your next evaluation. If you need more space, attach an additional statement with this form.

Step 3 (REQUIRED): Submit additional documentation supporting the reason(s) given for failing to meet SAP standards (i.e.: letter from physician, counselor, therapist, academic advisor, hospital documentation, etc.). To submit these documents, upload via Self-Service Banner, mail, or drop them off in person to the Office of Student Aid for review.

Step 4 (REQUIRED): Student Certification and Signature: By signing below, I certify that the information contained in my appeal is true. **I UNDERSTAND THAT STEPS 1-4 LISTED ON THIS APPLICATION ARE REQUIRED AND FAILURE TO COMPLETE THESE STEPS WHEN SUBMITTING MY APPLICATION WILL RESULT IN THE AUTOMATIC DENIAL OF MY APPEAL.**

I certify that I have read the Satisfactory Academic Progress Policy at <https://www.lamar.edu/financial-aid/resources/academic-standards.html> and understand that if my appeal is approved, I will be placed on an academic plan for the semester. I agree to meet the conditions of my academic plan until my plan either changes or I am meeting overall SAP standards. I understand that failing to meet the conditions of the academic plan at the end of the semester will result in the denial of my financial aid in the subsequent term(s) and I will not be allowed to re-appeal until certain requirements as outlined in the SAP policy are met.

If my appeal is denied, I understand that I may request to have my appeal reviewed by the Financial Aid Appeal Committee by submitting a request to financialaid@lamar.edu.

Student Signature _____ **Date** _____

Once your appeal is reviewed, you will be notified of the appeal decision via email, and your Academic Progress. If you appeal is approved, you will be emailed an Academic Plan Agreement. Your financial aid will not disburse until your signed Academic Plan Agreement has been received by our office.