



Lourdes Financial Aid office (FAO)

**SATISFACTORY ACADEMIC PROGRESS APPEAL FORM**

If you were notified your aid (Federal, State, and/or Institutional) was terminated, use this form if you wish to appeal this termination and be considered for these types of aid. If you will not be using these types of aid to pay for school you do not need to file an appeal.

Student Name: \_\_\_\_\_ (Please Print)      Lourdes ID: \_\_\_\_\_ (On Student ID card or Financial Aid Award Letter)

Semester Planning to Attend:    \_\_\_\_ Fall                      \_\_\_\_ Spring                      \_\_\_\_ Summer

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Planned Graduation Date: \_\_\_\_\_ Current Class Level: \_\_\_\_\_

Degree you are seeking at Lourdes: \_\_\_\_\_

Have you utilized Academic Tutoring or the Academic Support Center? Yes \_\_\_\_ No \_\_\_\_

How many times? (Estimated) \_\_\_\_\_

1. You may request a reevaluation of your federal financial aid suspension based on extenuating circumstances, however submitting this form may not necessarily result in reinstatement of aid.

<p><b>Examples of Extenuating Circumstances</b></p> <ul style="list-style-type: none"> <li>• Serious illness or injury that required extended recovery time</li> <li>• Death or serious illness of an immediate family member</li> <li>• Significant trauma that impaired your emotional and/or physical health</li> <li>• Other documented circumstances</li> </ul>
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2. You must submit this appeal form and all required documents (see chart below)

<p><b>Required Documentation:</b> <i>As appropriate to your situation, complete the requirements in item A and/or B below.</i></p> <p><b>A. For students notified they:</b> a) Have not successfully completed the set number of all credit hours attempted; <u>and/or</u> b) Have not met the minimum cumulative GPA by the end of each term of attendance (see policy for completion and GPA requirements).</p> <p><b>Attach the following documents to this completed Appeal form:</b></p> <p><u>1.</u> A statement from you with the following information:</p> <ul style="list-style-type: none"> <li>• Explain the extenuating circumstance(s) that resulted in your failure to maintain progress</li> <li>• Why you believe you can improve your performance &amp; the corrective actions you've taken or plan to take</li> </ul> <p><u>2.</u> Documents that support your request, as applicable (i.e., statements from physicians, counselors, clergy, medical records, court documents, birth/death certificates, obituaries, Academic Probation Contract, etc.)</p> <p><u>3.</u> Your Academic Advisor's statement of the number of credit hours you need to complete your academic program.</p> <p><b>B. For students notified they</b> have gone beyond the 150% time limit to complete their academic program.</p> <p><b>In addition to this Appeal form, you must submit a statement from your Academic Advisor which includes:</b></p> <p>The number of credit hours you must earn to complete your program and the semester you anticipate completing your program.</p>
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Student Name: \_\_\_\_\_ Lourdes ID: \_\_\_\_\_  
(Please Print)

**Appeal Deadline:** An Appeal is due 21 calendar days prior to the first day of the semester for which the financial aid is desired or by the date, when indicated, on the student’s Termination of Aid Letter. Appeals received beyond this timeframe may not be processed prior to the semester Freeze date. Students whose appeals are denied and are enrolled on or after the Freeze date will be responsible for their financial obligations to the University.

**Notification of Appeal Determination:** Students are normally notified in writing through their Lourdes email account and U.S. Mail as to whether their appeal for reinstatement of financial aid is approved or denied.

**Statement of Understanding:**

I am submitting a complete appeal including all required documents and documentation. I understand that if my appeal is incomplete it cannot be accepted and/or processed. I further understand that I am responsible for making payment arrangements with Lourdes Student Accounts Office if my appeal is, 1.) Not processed by the freeze date due to being incomplete; or 2.) My appeal is denied and I am enrolled at or after the freeze date.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please forward both pages of this appeal form and all required documents to:**

Lourdes Financial Aid Office  
**Attn: SAP APPEAL**  
6832 Convent Blvd  
Sylvania, OH 43560  
Phone 419-824-3732, FAX 419-517-8921  
Email: [financialservices@lourdes.edu](mailto:financialservices@lourdes.edu) Website: [www.lourdes.edu](http://www.lourdes.edu)

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**For FAO Office use only:**

Date Received \_\_\_\_\_ Incomplete: \_\_\_\_\_  
Approved \_\_\_\_\_ Denied \_\_\_\_\_ Sent for FA processing \_\_\_\_\_  
Date student notified \_\_\_\_\_ Email \_\_\_\_\_ Paper Letter \_\_\_\_\_