

**Northeast Ohio Medical University**  
**Satisfactory Academic Progress Appeal Form**

In order to appeal the denial of financial aid due to failure to maintain Satisfactory Academic Progress (SAP), you must complete this form and attach the required documentation. Forms lacking appropriate documentation will be regarded as incomplete.

**Step 1: Please read and complete this application carefully**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID: @ \_\_\_\_\_

College of:     Medicine \_\_\_\_\_     Pharmacy \_\_\_\_\_     Graduate Studies \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

**Please indicate the term the appeal is to be considered:**

Academic Year: \_\_\_\_\_

Academic Term:   Fall Term \_\_\_\_\_                      Spring term \_\_\_\_\_                      Summer Term \_\_\_\_\_

**Have you had a previous SAP appeal submitted:**

No \_\_\_\_\_

Yes \_\_\_\_\_

                    Please indicate the term and year of the previous appeal \_\_\_\_\_

**Step 2: Reason for the Appeal:**

Please indicate which situation best applies to the reason you have experienced academic difficulty. Then, in step 3, you must provide a detailed explanation of the factors contributing to your lack of academic progress. Please describe the steps taken to prevent future unsatisfactory academic progress. Feel free to type your responses and submit with this document.

\_\_\_\_\_ Medical: If a medical problem contributed to the failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.

\_\_\_\_\_ Death/Illness: If the death/illness of a family member or close friend contributed to the lack of academic progress, please attach appropriate copies of medical records, death certificate, or obituary, etc.

\_\_\_\_\_ Other Circumstances: Please clearly state the circumstance and appropriate documentation.

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**Step 3: Explanation of the factors contributing to your lack of academic progress:**

You must provide a written explanation either below or on a separate attached sheet regarding the reasons that you are failing to meet satisfactory academic progress requirements.

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Please describe the steps that you have taken to correct the problems that have prevented you from making satisfactory academic progress.

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**I have read the Northeast Ohio Medical University Satisfactory Academic Progress policy as outlined in the Student Handbook. I understand that the SAP appeal will not be reviewed if this form is incomplete or lacks appropriate documentation. I also understand that I will be notified by e-mail of the decision.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

For Office Use Only Appeal Committee Decision: Appeal Denied _____ Appeal Approved _____ Appeal Approved With Stipulations _____ _____ _____ Committee Chair's Signature: _____ Date of decision: _____ Date Student Notified of Decision: _____
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