

Division of Enrollment Management

Office of Financial Aid

1 Castle Point Terrace Hoboken, NJ 07030 P: 201-216-3400 / F:201-216-8050 financialaid@stevens.edu

Satisfactory Academic Progress Appeal Form

Student Name:		CWID:	
Degree Program:	E-Mail		
(SAP) in their course of study	y in compliance with federal regulation	ons. Students who have been	g Title IV Satisfactory Academic Progress denied federal aid because they have no emester financial aid probationary status
extenuating circumstances of guarantee reinstatement of status. It is also your respon	financial aid eligibility. You are respo sibility to be aware of all Stevens Ins must be submitted to the Office of	y complete the appeal proces nsible for payment of tuition stitute of Technology's regist Financial Aid no later than	s. Submission of an appeal does not and fees regardless of your financial aid ration and payment deadlines. July 15, 2024 for Fall 2024
	and <i>January 13, 2025</i> fo	or Spring 2025 consideration	n.
	ctions: (The Office of Financial Aid ems (a, b and c) to be considered co	_	uments at the same time) Your appeal
		mpiere (incompiere appears	witt not be considered).
2. A detailed, signed requirements for fede Committee for SAP AT Therefore, do not dis	nust be initialed and dated. personal statement explaining the ci eral financial aid (the statement mus Appeals that any student filing an a scuss your need for financial aid a s	t be typed and attached to the uppeal is doing so based upo	n the need for financial aid.
Financial Aid.	and all and discolation		
Your personal statem		(المعادة ماندم در ورداد و	
	s) the circumstance occurred (i.e., on		
	circumstance affected you personally		there sive weeten een eve veeelved
	u have taken to resolve your circums		these circumstances are resolved.
3. Documentation fro documentation included decree, etc. If your Sophysician or hospital a. must incl b. must sup c. should co	nation of your ability to return to scho m an impartial third party (not a fam de physician, counselor, lawyer, socia AP Appeal is based on a medical con- on their letterhead are advised. ude the name of the person providing port the claims made in your detailed onfirm your ability to return to school signed and on original letterhead.	ily member, friend, or roomm I worker, teacher, religious lea dition or cognitive or physical g the statement and their rela d personal statement,	ader, employer, death certificate, divorce disability, statements from your
4. I am requesting aid	I for the following semester:	F-11 2024	Spring 2025
Student Certification		Fall 2024	Spring 2025
Read the following stateme	nts carefully. Your initials certify th ignatures will be accepted, initials	_	stand all the information on this form. n.
Student's initials & date			
		or fees may result in additional fee	ncial aid or the status of this appeal form. I es as well as my classes being dropped. I am uition in full or on time.
		isor to meet SAP standards in my r	next payment period or adhere to the academic next two payment periods. I understand that it w

I understand that it is my responsibility to check my Stevens e-mail account that I provided above to obtain the status of the outcome of my appeal. I understand the decision determined by the Committee of SAP Appeals is final.