

## 2009-10 Financial Aid Satisfactory Academic Progress Appeal

This form is for students who would like to receive financial aid but are not eligible because they are not meeting satisfactory academic progress (SAP) standards for financial aid. A complete description of LU's SAP policy can be found on the Office of Financial Aid website at <http://www.longwood.edu/financialaid/index.htm> under Satisfactory Academic Progress. It is to your benefit to read and understand this policy.

You can appeal this suspension of aid if the reasons for your failure to meet SAP were beyond your control or the result of some situation that is now resolved. Please include any and all supporting documentation relative to your situation. Submission of the appeal does not guarantee approval, and students are responsible for dropping all classes by the add/drop deadline if they are unable to pay for classes on their own.

If your appeal is approved and your financial aid is reinstated, it will not be retroactive to any semester when these standards were not met. A financial aid staff member will notify you via your official LU email account once a decision has been made on your appeal.

SAP appeals and all supporting documentation must be received by the Office of Financial Aid **no later than one week** prior to the first day of classes for the semester for which you are requesting reinstatement of your financial aid (be sure to include your name and Longwood University ID number on any documentation submitted).

**Name**

Last	First	MI
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**Longwood University ID Number**

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**Current mailing address**

Street	City	State	Zip
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**Day phone**

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**Evening phone**

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**LU Email address**

_____	@longwood.edu
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1. Please check the term for which you are submitting a SAP appeal.     Fall 2009     Spring 2010     Summer 2010

2. Please indicate the mitigating circumstances that have contributed to your inability to maintain SAP by checking any category below that applies to you. You also must follow the instructions for each checked category.

- Serious illness or injury to student or immediate family member (parent, spouse, sibling, child) that required extended recovery time.** Attach a statement from the physician and explain the nature and dates of the illness or injury in question 3 of this form. If confined to bed rest or limited mobility by your physician, please make sure that your physician includes the beginning and ending dates in his or her statement.
- Death of an immediate family member (parents, spouse, brother, sister, child).** Attach a photocopy of the death certificate and include the name of the deceased and relationship to you in question 3 of this form.
- Significant trauma in student's life that impaired the student's emotional and/or physical health.** Provide a detailed explanation in question 3 of this form regarding the specific circumstances of your condition. Please be sure to include dates and what you have done to overcome this condition. Supporting documentation from a third party (physician, social worker, psychiatrist, police, etc.) also must be attached.
- Other unexpected documented circumstances beyond the control of the student.** Provide a detailed explanation in question 3 of this form explaining the nature and dates of the unexpected circumstances. Supporting documentation also must be provided.

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