

Financial Aid Satisfactory Academic Progress (FASAP) Appeal

Submit Completed Appeal Form: Student Financial Services
36 S. Wabash, suite 1200
Chicago, IL 60603

Office: (312) 629-6600
Fax: (312)629-6601
Email: saic.sfs@saic.edu

Complete this form and attach all additional documentation needed for your appeal. (See Instruction Sheet)

Date: _____ Program: ___UG ___GR SAIC ID: _____

Name: _____ Email: _____

Address: _____

City/ State/Zip: _____ Phone: _____

1. Please check the term for which you are submitting a FASAP appeal.
Fall _____ Winter _____ Spring _____ Summer _____ Year: _____
2. Please indicate:
 - a. the reason you failed to make satisfactory academic progress (i.e., death of a relative, injury, illness or other circumstances), and
 - b. what has changed that will allow you to make satisfactory academic progress by the end of the next payment period.
3. Please attach any documentation that will support your appeal. This can include, but is not limited to a statement from a physician on his/her letterhead explaining the nature and dates of the illness or injury, a photocopy of the death certificate that includes the name of the deceased, any other documentation of extenuating circumstances.

Check any that apply:

_____ Additional page(s) attached

_____ Supporting documentation attached

All the materials for your FASAP Appeal should be submitted to the Student Financial Services Office together as one package.

I certify that all information and documentation I have submitted pertaining to this appeal is true. I understand that the decision of the FASAP Appeals Committee is final.

Signature Date

For Office Use Only

Reason for unmet SAP:

Course Completion Rate

Time Frame (150 % rule)

Results of the Appeal

Denied _____

Approved _____ Effective _____ term Year _____