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## SATISFACTORY ACADEMIC PROGRESS APPEAL REQUEST COVER SHEET

_____	_____	_____	C00_____
Last Name	First Name	MI	Cortland ID#
( ) _____	_____	_____	_____
Phone Number	Term Appeal is for		

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### Complete each of the following steps:

**Step 1:** Provide a typed statement explaining the extenuating circumstances that contributed to your unsatisfactory academic progress during the term in which SAP was not met. You must prove that the circumstances affecting your ability to perform academically have changed and thus you will have the potential to improve your performance in the upcoming term.

**Step 2:** Attach supporting documentation to substantiate your extenuating circumstance. Supporting documentation includes, but is not limited to the following:

- Medical Condition – Physician’s or health care provider’s statement confirming your medical condition and that he/she medically supports your decision to continue your enrollment.
- Family Member Death – Copy of death certificate or obituary.
- Impacted by COVID 19 – Explanation of illness or hardship.
- Accident – Copy of police report.
- Military Service – Copy of official military orders.
- Natural Disaster – A letter from FEMA or other agency documenting the situation.

**Step 3:** Describe how your circumstances have changed and what your academic plan is to ensure future academic success and agree that you **understand**:

- In order to be considered for an appeal, I must complete and submit this form along with all supporting documentation to the Financial Aid Office within **two weeks** of notification of lost aid eligibility.
- Submitting a SAP Appeal Request does not guarantee that my appeal will be granted.
- My appeal will be evaluated by a committee consisting of staff members from throughout the institution.
- The Appeal Committee meets monthly and you will be notified approximately five weeks from the date of appeal submission in the “My Financial Aid” section on the “General Information” tab of myRedDragon.
- If my SAP Appeal is approved, my financial aid will be reinstated.
- If I continue to attend classes while appealing my loss of financial aid, and my appeal is denied, then I am responsible to pay any outstanding charges on my account.
- The decision made by the Appeals Committee is **FINAL** and cannot be appealed.

I certify that I have read and understand all of the information as presented above.

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