

**FINANCIAL AID**  
**SATISFACTORY ACADEMIC PROGRESS (SAP)**  
**Appeal Instructions and Checklist**

**PURPOSE:** Use this form if you are appealing the suspension of your financial aid due to your failure to meet the SAP requirements set forth by the University of Oklahoma.

**INSTRUCTIONS:**

- 1) Complete sections 1-4 of the appeal form.
- 2) Attach the **REQUIRED** documentation requested on appeal form.
- 3) Write your OU ID at the top of each documentation page.
- 4) All documentation must be submitted when you submit your appeal. Any documentation submitted after you submit the appeal **will not** be used for consideration.

***NOTE: MISSING DOCUMENTATION AND INCOMPLETE APPEAL FORMS WILL BE DENIED!***

**Have you done the following?**

\_\_\_\_\_ *Signed and completed sections 1-4 of the appeal form.*

\_\_\_\_\_ *Provided third party documentation to support your appeal and decision to continue enrollment.*

\_\_\_\_\_ *Written your OU ID at the top of **each** page.*

**Appeal submission deadlines:**

**Fall semester-November 15<sup>th</sup>**

**Spring semester-April 15<sup>th</sup>**

**Summer semester- July 15<sup>th</sup>**

Questions? Call (405)325-9000.

**Submit the below appeal form and documentation to:**

**Student Financial Center  
Buchanan Hall, Rm. 105  
1000 Asp Avenue  
Norman, OK 73019-4078**

## FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

**PURPOSE:** Use this form if you are appealing the suspension of your financial aid due to your failure to meet SAP requirements. If your SAP failure was due to **extreme hardship**, you may be eligible for reevaluation of your financial aid eligibility.

**INSTRUCTIONS:** Complete this form in its entirety and **ATTACH REQUIRED DOCUMENTATION**.  
**INCOMPLETE APPEAL FORMS WILL BE SUBJECT TO DENIAL.**

*Note: Financial aid awards are based upon funding availability at the time your appeal is reviewed. ALL INFORMATION IS CONFIDENTIAL.*

### SECTION 1: Student Information

<b>Student Name</b>		OU ID # _____
		Social Security # _____ - _____ - _____
Status: _____ Undergraduate _____ Graduate	<b>Expected Graduation Date:</b> _____	<b>Requested aid reinstatement semester AND year:</b> _____ Fall _____ Spring _____ Summer _____ YEAR

### SECTION 2: Explanation of Circumstances Check and complete the section which best applies. (Attach additional sheets if necessary.)

**Medical Condition:** Explain circumstances and **attach a health care provider's written statement(s)** confirming your medical condition(s) and impact during the semester(s) when SAP failure occurred and supporting your decision to continue your enrollment.

\_\_\_\_\_

\_\_\_\_\_

**Birth of Your Child:** Explain circumstances and **attach copy of your child's birth certificate.**

\_\_\_\_\_

\_\_\_\_\_

**Death of Family Member:** Explain circumstances and **attach a copy of the death certificate**, an obituary indicating date of death and your relationship to the deceased, a written statement from a pastor, or a written statement from a funeral director.

\_\_\_\_\_

\_\_\_\_\_

**Divorce/Separation/Adoption:** Explain circumstances and **attach supporting court document(s).**

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\_\_\_\_\_

**Military Service:** Explain circumstances and **attach a copy of official military orders.**

\_\_\_\_\_

\_\_\_\_\_

**Personal Difficulties:** Explain circumstances and **attach a written statement(s)** from a professional third-party resource such as a counselor, pastor, employer, instructor, or attorney confirming your difficulties and supporting your decision to continue your enrollment. If needed, OU provides academic and personal counseling resources to students. Visit <http://www.ou.edu/financialaid.html> and click on the Resources page for a listing of potential offices that could assist you.

\_\_\_\_\_

\_\_\_\_\_

**Max Hours:** Explain circumstances; address transfer or military hours, changes in major, thesis progress, etc. Describe your plan to graduate.

\_\_\_\_\_

\_\_\_\_\_

### SECTION 3: Plan for Academic Success Describe what has changed in your situation that will assist you in achieving academic success in the future. Explain what campus-based or external resources you have utilized. (Attach additional sheets if necessary.)

\_\_\_\_\_

\_\_\_\_\_

### SECTION 4: Certification Statement

I certify that all of the information I have provided is true and complete to the best of my knowledge.  
 I understand I will be notified of the results of my appeal **by mail** and that I must comply with the terms outlined in that notification.

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

**Return this form and documentation to the Student Financial Center, Buchanan Hall, Rm. 105**