

**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.*

Questions? Call (405)325-9000.

**Appeal submission deadlines: November 15 for the Fall semester; April 15 for the Spring semester; July 15 for the Summer semester**

**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>	<b>OU ID #</b> _____	<b>Last 4 of SSN #</b> _____
<b>Status:</b> _____ 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.)		
<input type="checkbox"/> <b>Medical Condition:</b> Explain circumstances and <u>attach a health care provider's written statement(s)</u> confirming your medical condition(s) and impact during the semester(s) when SAP failure occurred and supporting your decision to continue your enrollment. _____ _____		
<input type="checkbox"/> <b>Birth of Your Child:</b> Explain circumstances and <u>attach copy of your child's birth certificate.</u> _____		
<input type="checkbox"/> <b>Death of Family Member:</b> Explain circumstances and <u>attach a copy of the death certificate</u> , 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. _____ _____		
<input type="checkbox"/> <b>Divorce/Separation/Adoption:</b> Explain circumstances and <u>attach supporting court document(s).</u> _____		
<input type="checkbox"/> <b>Military Service:</b> Explain circumstances and <u>attach a copy of official military orders.</u> _____		
<input type="checkbox"/> <b>Personal Difficulties:</b> Explain circumstances and <u>attach a written statement(s)</u> from a counselor, pastor, employer, instructor, attorney, or an OU Student Service office: Sooner Success, Project Threshold, OU Cares, Counseling Center, Center for Student Advancement, advisor, etc., confirming your difficulties and supporting your decision to continue your enrollment. _____ _____		
<input type="checkbox"/> <b>Max Hours:</b> 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 <b>by mail</b> and that I must comply with the terms outlined in that notification.		
<b>Student Signature:</b> _____		<b>Date:</b> _____

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