

Kean University
Office of Financial Aid
Satisfactory Academic Progress (SAP)
STUDENT APPEAL FORM

This appeal is for:
Check only one semester

DEADLINE DATES TO SUBMIT
APPEAL:

☐ 2019/Spring


January 22, 2019

Students who are denied financial aid at Kean University due to unsatisfactory academic progress may appeal to have their financial aid eligibility reinstated. An appeal can only be submitted if a student's failure to make satisfactory academic progress is based upon extenuating circumstances beyond the student's control. The student must submit this completed Satisfactory Academic Progress Appeal Form, along with all related supporting documentation. All appeal decisions are final. Appeals submitted without supporting documentation will be automatically denied.

STUDENT SECTION I


Student Name: _____ (Please Print)	Kean ID# _____
Mailing Address: _____ Number and Street City State Zip Code	
Program of Study: _____	
Telephone Number: () _____	Kean E-Mail: _____

STUDENT SECTION II

Please check  the category that applies to you and follow the instructions for that category. In addition to submitting supporting documentation, you must attach a typed statement explaining the circumstances prohibiting you from maintaining Satisfactory Academic Progress (SAP) Standards. If applicable, address each semester in which you did not perform according to SAP Standards.

<input type="checkbox"/>	<p>Death in the Immediate Family. Immediate family includes parent(s), spouse, siblings, or dependent children.</p> <ul style="list-style-type: none">✓ Typed Explanation (include name of deceased and relationship to you)✓ Provide a copy of the death certificate, obituary or funeral program
<input type="checkbox"/>	<p>Illness/Injury/Medical Condition. You (the student), your spouse, your dependent child, or your parent(s) were injured or ill for an extended period of time.</p> <ul style="list-style-type: none">✓ Typed Explanation (address when illness/injury occurred, treatment dates, etc.)✓ Documents Needed: Statement or Medical Documentation from the physician indicating the nature of the illness/injury/medical condition. Statement should also include ability to resume school.
<input type="checkbox"/>	<p>Other. Appeals involving other <i>unexpected circumstances beyond the control</i> of the student will be considered.</p> <ul style="list-style-type: none">✓ Typed Explanation✓ Document(s) needed: Any documentation supporting the unexpected circumstances (legal documentation, etc.)

STUDENT SECTION III – ACKNOWLEDGEMENT & SIGNATURE

Please check  to acknowledge and confirm that you have read and understand Kean University's Satisfactory Academic Progress (SAP) Appeal guidelines.

- ☐ I understand that if I previously submitted a Financial Aid SAP Appeal, which was denied, I may be automatically denied.
- ☐ I understand an appeal submitted without documentation may be automatically denied. Documentation must come from a professional objective third party that confirms my extenuating circumstance(s). My third party documentation must be submitted on official stationary or have an official seal and confirm the specific timeframe referenced in my appeal.
- ☐ I have included a typed statement describing my extenuating circumstance(s) as well as the positive steps I have taken to ensure if similar circumstances happen in the future, how I will be able to maintain satisfactory academic progress. Include any documentation to support these steps (physician's statement of ability to attend, letter from counselor, etc.).
- ☐ I certify the information on the appeal and any supporting documentation is accurate, true and complete to the best of my knowledge. I understand that I may submit only one Financial Aid SAP Appeal and that all decisions are final. I will provide additional supporting information if requested by Kean University's Office of Financial Aid.
- ☐ I understand that if my Financial Aid SAP Appeal is denied, I am not eligible to appeal again at a later time.
- ☐ I understand false information may be cause for denial, reduction, and/or repayment of financial assistance.
- ☐ I understand that I will be responsible for payment in full and/or making alternative payment arrangements while this appeal is being processed, regardless of the decision rendered by the SAP appeal committee.

Your appeal will be reviewed within 15 days of receipt and you will be notified of the outcome via email. In most cases, if your appeal is approved, you will be placed on an academic plan until your degree requirements are fulfilled. Financial Aid SAP Appeals must be received prior to the close of business on the deadline date for the semester in which you are appealing. Late appeals will not be reviewed.

My signature below certifies the validity of the information contained on this form and all attachments. It also authorizes Kean University's Office of Financial Aid to verify the information submitted.

Student Signature: _____

Date: _____

Completed appeals should be forwarded to the attention of the:
Financial Aid SAP Appeal Committee
C/O Office of Financial Aid
Kean University, 1000 Morris Avenue, Union, NJ 07083