Financial Aid Office
Satisfactory Academic Progress Appeal
Max Time Form

If you are on Financial Aid Suspension because you have exceeded the maximum credits for financial aid eligibility and there were extenuating circumstances that contributed to your inability to maintain academic progress, you can submit an appeal to have your financial aid eligibility reconsidered.

Name: _____________________________  Last  First  MI  Falcon ID: __________________
Telephone: ___________________________  UWRF email: __________________

Instructions:
1. Indicate in Section 1 which semester you are appealing to have your financial aid reinstated.
2. Complete Section 2. Meet with your academic advisor to complete Section 3.
3. Submit completed form (including signatures) to the Financial Aid Office. Appeals must be submitted and approved prior to the end of the semester for which you are appealing to receive financial aid.
4. The Financial Aid Office will notify you by your UWRF email of final decision on appeal.

Section 1: To be completed by student. Indicate the term for this appeal.
☐ Fall  ☐ Spring  ☐ Summer

Section 2: To be completed by student
Explain below 1) why you exceeded the maximum credits for financial aid eligibility, and 2) when you plan to graduate. Continue on reverse side if necessary.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature ___________________________  Date ________________

Section 3: To be completed by Academic Advisor
Upon meeting with the above student and reviewing his/her academic progress:
☐ I endorse this SAP appeal for financial aid reinstatement
☐ I do not endorse this SAP appeal for financial aid reinstatement

Please list the remaining classes the student is required to complete to earn his/her degree (financial aid can ONLY fund required courses). Indicate when each will be taken:

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Optional Comments: ______________________________________________________

Academic Advisor Name & Title (print) ______________________________________

Academic Advisor Signature ___________________________  Date ________________