SATISFACTORY ACADEMIC PROGRESS POLICY FINANCIAL AID APPEAL FORM

Please complete form and return via email to: financialaid@unsw.edu.au

Student Name ___________________________________________ Student ID ____________________
Telephone _______________________________ E-mail __________________________________________

Reminder: Please review your e-mail, address, and telephone number where you can be reached during daytime hours. Your appeal decision will be emailed to your UNSW student email address.

Term for which you would like financial aid reinstated: Term __________ Year __________

Appeals for reinstatement of aid:

• Are the responsibility of the student,
• The term you are submitting the appeal for must be the term you would like the reinstatement of financial aid,
• Should specifically reflect extenuating circumstances beyond the control of the student, and
• Should provide resolution to circumstances and include documentation as necessary.

☐ Students must include all necessary documentation to support the existence of extenuating circumstances described and evidence that the circumstances have been resolved. Appeals without documentation will be denied.

☐ Students are required to submit a written academic plan along with a financial aid appeal. The plan must include how you are going to use on campus and/or off campus resources to receive assistance while working on your skills and issues. Documents without an academic plan will be denied.

Appeals based upon circumstances that were under the control of the student are rarely approved. Appeals will not be reviewed if received 14 days after the notice of suspension.

Students seeking to reestablish financial aid eligibility remain ineligible to receive financial aid assistance until the appeal process is complete and a decision has been made by the Financial Aid Office. Students should be prepared to pay tuition, fees, and other educational expenses until s/he has been approved to receive financial aid.

My signature certifies and confirms that I have read and I understand all instructions and that I have provided accurate, complete, and current information.

Student Signature_________________________________________________________________
Date_____________________

□
□
Please describe in specific detail the unique and extenuating circumstances under which you were unable to fulfill the requirements of the Satisfactory Academic Progress (SAP) Policy for Financial Aid Eligibility. Indicate how your circumstances have changed so that you can comply with the policy in the future. Explanations of your need for financial aid are not necessary, as your application for aid details this information.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If additional space is needed, please feel free to attach additional pages. Sign & date on page one.

Financial Aid Office Use Only:
Approved for probation by: ___________________________ Date: _________________