



**APPEAL FOR REINSTATEMENT OF FINANCIAL AID ELIGIBILITY**

**Student, please indicate the semester and year you are petitioning for reinstatement.**

**(Please  only one box and indicate the year):**

Fall     Spring     Summer    Year 20\_\_\_\_\_

NAME \_\_\_\_\_

CSU ID # \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

The Financial Aid Satisfactory Academic Progress (SAP) Policy of Chicago State University (CSU) measures whether students are progressing at a reasonable rate toward the completion of their educational objectives. **Students must be in compliance with the SAP Policy in order to maintain continued financial aid/loan eligibility. Please refer to the full SAP policy for more detailed information [\(pdf\)](#).**

**All students, regardless of the program in which they are enrolled, are required to maintain a completion rate of at least 67 %.**

Students may receive financial aid for a maximum of 150% of the credit hours required to receive an undergraduate and/or graduate degree. Transfer hours from other institutions accepted by the University will count toward the maximum attempted credit hour limit.

**You are required to complete this appeal if this is your second consecutive term for not meeting SAP.**

**Your Appeal must include an approved academic plan (contact your academic advisor) and documentation (if warranted) of mitigating circumstances**, such as injury, illness, death in the family, or other special circumstances, which have limited your ability to progress in your studies at a reasonable rate. Make your statement brief and to the point. Completed appeals and supporting documents must be submitted to by your academic advisor to the Office of Student Financial Aid. Once all documentation has been reviewed and a decision made, your academic progress status will be updated in CSU X-press. **All decisions reached by the Committee are FINAL.**

**Please Note: Appeals must be completed within 30 days after the start of the semester for which the appeal is requested or 30 days after the receipt of notice of cancelation, whichever is later.** Students are limited to **30 credit hours of developmental course work** attempted or earned while in pursuit of an undergraduate degree. The 30 hours of developmental course work allowed will **NOT** be counted in the 180 maximum number of hours. Additionally, students who have changed majors during their academic career may request a reevaluation of their credit hours to determine financial aid eligibility.

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(use reverse side if additional space is needed)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - For Office Use Only**

SAP ACTION TAKEN:  APPROVED     DENIED    TERM OF FA REINSTATEMENT:  FALL     SPRING     SUMMER    YEAR: \_\_\_\_\_

FA Rep(Signature) \_\_\_\_\_ (Print Name) \_\_\_\_\_ Date: \_\_\_\_\_

Previous Term Review : \_\_\_\_\_ % = Earned Hours \_\_\_\_\_ / Attempted Hours \_\_\_\_\_ Please indicate total hours if over 180 \_\_\_\_\_

Term  FALL     SPRING     SUMMER    YEAR: \_\_\_\_\_

GPA: \_\_\_\_\_

Office of the Financial Aid Only	Date SAP Received:	Received By:	Date Processed:	Processed by:	Date Student Notified:
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Last semester enrolled:  Fall     Spring     Summer    Year \_\_\_\_\_

Comments: \_\_\_\_\_