CHICAGO STATE UNIVERSITY

OFFICE OF STUDENT FINANCIAL AID
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CHICAGO, ILLINOIS 60628-1598
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PETITION FOR REINSTATEMENT OF FINANCIAL AID ELIGIBILITY FOR DOCTOR OF PHARMACY CANDIDATE

This petition is for the following semester (please complete and ✔ one only):
____ Fall 200_____ ____ Spring 200_____ ____ Summer 200_____

NAME_____ SSN_____

The **Chicago State University Financial Aid Satisfactory Academic Progress Policy for Doctor of Pharmacy Candidates** (SAP Policy) measures whether students are progressing at a reasonable rate toward the completion of their educational objectives. **Students must maintain a minimum 2.00 GPA (Grade Point Average) for continued financial aid eligibility.**

You have been notified that your educational progress has recently been evaluated, based upon your completion of the most recent semester for which you were enrolled. This evaluation indicates that you are not in compliance with the SAP Policy.

You may, at this time, petition the Financial Aid Appeals Board for reinstatement of financial aid eligibility. **Your petition must document mitigating circumstances**, such as injury, illness, death in the family, or other emergencies, which have limited your ability to progress in your studies at a reasonable rate. Please use the space provided below to set forth those circumstances. **Make your statement brief and to the point. Use only black or blue ink. Attach supporting documentation as necessary. Sign and date this form, when completed, and submit or mail to the Office of Student Financial Aid.** You will be notified of the Financial Aid Appeals Board's decision. You may review your status, at any time, by going to the **CSU X-press** section on the CSU web site (www.csu.edu).

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(use reverse side if additional space is needed)

Student Signature _____ Date _____, 200____

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DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Last semester enrolled: Fall Spring Summer _____
(year)

GPA_____ Completion Rate_____% (_____completed hours/_____ attempted hours)

Appeals Board Action Taken: _____ Approved _____ Not Approved

Comments: _____

Signature _____
CSU SAP Counselor / Financial Aid Appeals Board