

CHICAGO STATE UNIVERSITY

UNDERGRADUATE PETITION FOR REINSTATEMENT OF FINANCIAL AID ELIGIBILITY

OFFICE OF STUDENT FINANCIAL AID
9501 SOUTH KING DRIVE – ADM 207
CHICAGO, ILLINOIS 60628-1598
TELEPHONE: (773) 995-2304
FAX: (773) 995-3574
E-MAIL: csu-finaid@csu.edu

This petition is for the following semester (please complete and one only):

Fall 200 Spring 200 Summer 200

NAME _____ SSN _____

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 eligibility.**

All undergraduate students must maintain a cumulative Grade Point Average (GPA) of at least 2.00. Undergraduate students are also required to maintain a completion rate of at least 67 %. Additionally, once a student has **attempted 180 hours (including transfer hours accepted by CSU)** eligibility for Title IV Financial Aid will be terminated. **Please Note:** 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 allowed.

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 due to your failure to meet at least one of the criteria discussed in the previous paragraph.

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 Appeals Board's decision. You may review your status, at any time, by going to the *CSU Xpress* section on the CSU website (www.csu.edu).

(use reverse side if additional space is needed)

Student Signature _____ Date _____, 200__

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Last semester enrolled: Fall Spring Summer _____
(year)

GPA _____ Completion Rate _____% (_____ completed hours/ _____ attempted hours) Hours over 180 _____

Appeals Board Action Taken: _____ Approved _____ Not Approved

Comments: _____

Signature _____

CSU SAP Counselor / Committee