

Cook ADM 207 | Ph: 773.995.2304|Fax: 773.995.3574 | csu-finaid@csu.edu

PETITION and REVIEW FOR REINSTATEMENT OF FINANCIAL AID ELIGIBILITY

Instructions:

When reviewing the petition, please keep in mind that evidence of academic progress must be demonstrated. If a student has made no academic progress, the student must be able to show what extenuating circumstances kept him/her from progressing. Advisors must write a justification for approving petitions that show no academic progress.

The information below is for advisor and financial aid use <u>only</u>. This form should not be given to the student. Petitions missing data and petitions without the appropriate supporting documentation will not be processed!

TYPE OF SAP						
 H1 (Warning-SAP Petition ONLY) H2 (Termination-SAP Petition AND Academic Plan NEEDED) D (Previous petition filed and denied-SAP Petition AND Academic Plan NEEDED) 						
Quantitative = Completion Rate: A minimum standards of 67% is needed to comply with CSU and Federal Financial Aid Guidelines. (Completion Rate is computed by Hours Earned Divided By Hours Attempted) Qualitative = Academic Standing: A minimum standard of 2.00 is required to comply with CSU and Federal Financial Aid Guidelines.						
Please fill in all applicable information:						
Previous Term Review : <u>%</u> = Earned Hours <u></u> Term FALL SPRING SUMMER			Attempted Hours	Please indicate total hours GPA:	Please indicate total hours if over 180	
			Attempted Hours	Please indicate total hours GPA:	Please indicate total hours if over 180	
Assessment/Review						
1. Has the student shown progress? □ YES □ NO 2. Is the student's current term GPA 2.00 or better?* □ YES □ NO						
3. Did the student comply with Academic Plan? Yes No *"No" responses require an explanation if recommendation is for approval of petition.						
Reviewer's Comments						
Advisor (Signature)			(Print Name) Date:			
I RECOMMEND THAT THIS PETITION AS STATE ABOVE BE: APPROVED DENIED			Term of FA Reinstatemen	NT: 🗌 FALL 🗌 SPRING 🗌	SUMMER YEAR:	
FA Rep(Signature)			(Print Name)		Date:	
I RECOMMEND THAT THIS PETITION AS STATE ABOVE BE: APPROVED DENIED			Term of FA Reinstatemen	NT: FALL SPRING	SUMMER YEAR:	
For Office Use Only						
Office of the Financial Aid Only	Date SAP Received:	Received By:	Date Processed:	Processed by:	Date Student Notified:	