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 only. This form should not be given to the student. Petitions missing data and petitions without the appropriate supporting documentation will not be processed!

<table>
<thead>
<tr>
<th>TYPE OF SAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ H1 (Warning - SAP Petition ONLY)</td>
</tr>
<tr>
<td>☐ H2 (Termination - SAP Petition AND Academic Plan NEEDED)</td>
</tr>
<tr>
<td>☐ D (Previous petition filed and denied - SAP Petition AND Academic Plan NEEDED)</td>
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</tbody>
</table>

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:

Term □ FALL □ SPRING □ SUMMER

% = Earned Hours / Attempted Hours Please indicate total hours if over 180

GPA: __________

Current Term Review:

Term □ FALL □ SPRING □ SUMMER

% = Earned Hours / Attempted Hours Please indicate total hours if over 180

GPA: __________

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 REINSTATEMENT: ☐ FALL ☐ SPRING ☐ SUMMER YEAR: __________

FA Rep (Signature) ___________________________ (Print Name) ___________________________ Date: __________

I RECOMMEND THAT THIS PETITION AS STATE ABOVE BE: ☐ APPROVED ☐ DENIED

TERM OF FA REINSTATEMENT: ☐ 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: 