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!

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

Term   ☐ FALL   ☐ SPRING   ☐ SUMMER   YEAR: _____   **GPA:** _____

Current Term Review: _____ %   = Earned Hours _____ / Attempted Hours _____   **Please indicate total hours if over 180** _____

Term   ☐ FALL   ☐ SPRING   ☐ SUMMER   YEAR: _____   **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:

Processing/Routing: Return completed form with signatures and attachments to Office of Financial Aid, Cook Administration Building, Rm 207

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