Office of Enrollment Services  
SATISFACTORY ACADEMIC PROGRESS APPEAL FOR RECIPIENTS OF FINANCIAL AID

As a recipient of federal and/or Trinity financial aid funds, you must maintain satisfactory academic progress towards your degree objective to remain eligible for assistance. Trinity policy requires undergraduate students to maintain at least a 2.0 cumulative grade point average and complete two-thirds of the courses that they attempt. Graduate students must maintain at least a 3.0 cumulative grade point average and complete two-thirds of the courses that they attempt.

By submitting this appeal, you are requesting that your extenuating or unusual circumstances be considered in order to have your financial aid reinstated.

DEADLINE: An appeal must be submitted for the current semester before the end of the add/drop period. Appeals to receive aid for prior semesters will not be considered. Before an appeal will be considered, you must be registered, have a Free Application for Federal Student Aid (FAFSA) on file for the semester you are requesting financial aid and not have been dismissed from Trinity.

PROCEDURE:

Step 1: Turn in Satisfactory Academic Progress Appeal to the Office of Enrollment Services. Please be sure to complete all sections and attach any required documentation. Be sure to include answer all questions and provide as much detail as possible. Appeals without supporting documentation will not be approved.

Step 2: The appeal will be reviewed within two weeks to evaluate your academic record and determine if extenuating or unusual circumstances existed. You will be notified in writing of the decision of the Appeal Committee.

Step 3: If the appeal is approved, financial aid will be reinstated for a specified period of time, depending on the circumstances presented. Approval may include certain conditions that you must meet.

If your appeal is denied through the initial review (Step 2), you will be given an opportunity to request a personal interview with the Financial Aid Appeal Committee.

- When you meet with the Committee, you will be given an opportunity to explain your appeal and submit additional information and/or documentation.
- The Appeal Committee will then approve or deny your appeal. The decision of the Appeal Committee is final.
- If your appeal is then approved by the committee, financial aid will be reinstated for a specified period of time, depending on the circumstances presented.
- If your appeal is denied, the committee will specify the steps you must take in order to have your aid reinstated.
Office of Enrollment Services
SATISFACTORY ACADEMIC PROGRESS APPEAL FOR RECIPIENTS OF FINANCIAL AID

Name: ___________________________ Social Security: ___________________________
Address: _____________________________________________________________________
City/State/ZIP: ___________________________ Telephone: (___) ______________

Appeal is for (mark one): Fall 2016______ Spring 2017_______ Summer 2017_______

Academic Advisor: ___________________________ Major: _______________________
Degree objective: ___________________________ Anticipated graduation date: ____________

1. Please indicate the extenuating circumstances that have contributed to your inability to
maintain Satisfactory Academic Progress by checking the category below that applies to
you. You must also follow the instructions for each checked category.

☐ Serious illness or injury to student or immediate family member that
required hospitalization, convalescence in an institutional setting, or
confinement. Attach a statement from the appropriate medical professional on
official letterhead and explain the nature and dates of the illness in Question 2 of
this form. If confined to bed rest or limited mobility, please make sure your
physician includes the beginning and end dates in his/her statement.

☐ Death of an immediate family member or person who shared the student’s
household. Attach appropriate documentation and include the name of the
deceased and their relationship to you in Question 2 of this form.

☐ Significant trauma in student’s life that impaired the student’s emotional
and/or physical health. Provide a detailed explanation in Question 2 of this form
regarding the specific circumstances of your condition. Please be sure to include
dates you were affected and what you have done to overcome this condition.
Supporting documentation from a third party (physician, medical professional,
social worker, psychiatrist, police, etc.) must also be attached. If you have
ongoing medical or psychiatric problems, provide a statement regarding your
current status and ability to attend school.

☐ Other medical or extenuating circumstance. Please describe this circumstance
in Question 2. Include the dates you were affected, significant detail about the
circumstance and all appropriate documentation. Please note that this
circumstance must be of a serious and extenuating nature; not putting forth the
effort required to pass is not considered extenuating circumstances and will not be
considered.
2. Please provide a written statement detailing the circumstances indicated in Question 1 above that led to not making SAP and why these circumstances are no longer affecting you. Please provide as much detail as possible and address your grades and attendance in each semester of the previous school year (2015-2016). Appeals with no documentation or insufficient detail will not be approved. The appeal committee assumes that each student appealing is dependent upon financial aid for the completion of his/her degree, it is not necessary to discuss your need for financial aid in your appeal. You may attach additional sheets if necessary.

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3. Academic Plan

Students should discuss their academic standing with their advisor and complete the Academic Plan below. Professional advisors are available year round from each school to meet with students if their own advisors are not available. Advisors can assist students with choosing courses, accessing support services and making academic goals. Consultation with an advisor is a crucial step for academic success. Students who fail to meet with their advisor may not have their appeal approved. Initial each line to indicate that you have read and understood the information.

Academic Plan for Fall 2016:

______ For Undergraduates: I must reach and maintain a cumulative GPA of 2.00 and I must pass two thirds of my courses in order to be eligible for financial aid. A grade of C is a 2.00. A grade of C-, and all D grades, while technically passing, will keep my GPA below 2.00.

______ For Graduates: I must reach and maintain a cumulative GPA of 3.00 and I must pass two thirds of my courses in order to be eligible for financial aid. A grade of B is a 3.00. A grade of B- and all C grades, while technically passing, will keep my GPA below 3.00.

______ For all students: I will discuss schedule changes, including withdrawals, with my advisor. Withdrawals can impact the percentage of courses you complete.

______ For all students: While on academic probation/academic watch, I may be limited in the number of courses I can take per semester to help me succeed. I will discuss this with my advisor.

Support Services and/or Follow-Up Actions Recommended by Advisor:

____________________________________________________________________________
____________________________________________________________________________
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I certify that I have spoken with my advisor about my academic plan as described above. I will contact my advisor again prior to the beginning of Spring 2017 registration and after grades are posted for both the Fall 2016 and Spring 2017 semesters. If anything occurs that may prevent me from attaining this standard, I will contact my advisor immediately for support and assistance.

________________________________________________________
Student Signature

________________________________________________________
Date
4. Please indicate the dates of class attendance for the past two semesters you attended Trinity. If you are uncertain of the dates, you can indicate the nature of your attendance, i.e. consistent, sporadic, stop attending, never attended, etc.

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I certify that the information provided in this appeal is true. Information submitted here is governed by the Honor System. Failure to be truthful is considered a violation of the Honor Agreement, and will result in sanctions and possible dismissal from the University, as determined by the Judicial Association.

______________________________________________________  ________________________
Student Signature                                        Date