MTSU Financial Aid
Satisfactory Academic Progress
Appeal Form

Please Note:
You should receive a response via the Financial Aid Message section of RaiderNet in two to three weeks.

Complete the following information and return your appeal to the Financial Aid Office.
You may mail the form and accompanying paperwork to 218 Cope Administration Building, 1301 E. Main St., Murfreesboro, TN 37132, or fax it to (615)898-5167.

Name: (Please print clearly!)_____ **Student ID:** M_____

Address: _____
Street Apt. # City State Zip

Email Address: _____@mtsu.edu **Phone:** (_____)_____

Satisfactory Academic Progress Requirements

To maintain eligibility for **federal financial aid**, regulations require all recipients maintain Satisfactory Academic Progress (SAP). This means that students must pass at least **66% of all hours attempted** (including grades of W, I, N, U, and F). Additionally, students may receive federal aid up to 150% of their published program length. Typically, undergraduate students can receive aid up to 180 attempted hours and graduate students can receive aid up to 48 attempted hours.

Why did you lose eligibility for federal aid? *(check all that apply)*

❒ Withdrew from the University or earned no hours for two or more semesters.
❒ Passing less than 66 percent of all cumulative attempted hours (includes grades of 'W').

Indicate the reason for the appeal:

❒ I had extenuating personal or medical circumstances which prevented me from meeting the above requirement(s). ****To appeal your suspension, you *must* provide the following information:****
  ⇨ Attach a typed, or neatly hand-written, **detailed** letter explaining why you have not met Satisfactory Academic Progress requirements, and what actions you have taken to correct the situation.
  ⇨ Enclose supporting documentation from medical doctors, advisors, psychologists, etc., to verify the information on this appeal form. Failure to provide information may result in your appeal being denied.
❒ I have fulfilled my suspension requirements and request that financial aid be reinstated.

Please initial:

_____I understand that I must meet Satisfactory Academic Progress requirements to maintain eligibility for federal aid. If my appeal is approved, I will be responsible for raising my passing rate to the required level and will remain on probation until I do so. While on probation, I must continue to pass at least 75% of the hours attempted each semester.

_____I understand that my appeal may be denied if I fail to provide a personal statement and documentation to support my appeal.

_____I verify that all of the above statements and attached documentation are true and accurate.

Student Signature: _____ Date: _____

For Office Use Only ❒Approved ❒Denied_____ Probation for _____

Processed by: _____ Date: _____

Director or Designee: _____ Date: _____

Comments: _____

_____

_____

RHACOMM❒ ROASTAT❒ ROAUSDF❒ RPAAWRD❒ Email❒

Academic Record **Cum:** _____%

Sem	Attempted	Earned	%

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