

## Satisfactory Academic Progress Appeal Procedures

### Priority Appeal Submission Deadline: End of the 2<sup>nd</sup> week of classes for the coming term

Student financial aid recipients who fail to maintain the Quantitative and/or Qualitative components of Satisfactory Academic Progress due to circumstances beyond their control may submit an appeal to the Office of Financial Aid.

**A student may submit one Satisfactory Academic Progress appeal as an undergraduate student and one as a graduate student, per instance of ineligibility.**

### Satisfactory Academic Progress vs. Academic Probation

The standards for financial aid Satisfactory Academic Progress may differ from those required at the University as a whole. The standards for financial aid recipients are:

1. **Pace** – Minimum Overall Completion Rate (67%)
  - Overall Earned Credit Hours  $\geq$  .67 x Overall Attempted Credit Hours (this applies to PNW and transfer credits) AND
2. **Timeframe** – Maximum Total Attempted Credit Hours (150%)
  - Undergraduate: 180 overall attempted credit hour maximum (120 credit hours x 150%) for students with program of study associated with 2013-14 catalog year or beyond.
  - Graduate: Master's degree calculated by program
3. **GPA** – Minimum cumulative GPA
  - Undergraduate: 2.0
  - Graduate: 3.0

### Satisfactory Academic Progress Appeal Procedures

1. Complete the Satisfactory Academic Progress Appeal form.
2. Attach a letter outlining the situation which affected your academic performance and the dates of your mitigating circumstances, how your life circumstances have changed to now support your efforts to achieve Satisfactory Academic Progress, and what you will do differently to ensure academic success if your appeal is approved. Failure to include a letter will result in your appeal being denied.
3. Read, complete, sign and provide to the Office of Financial Aid the Financial Aid Academic Plan Contract.
4. Attach documentation that supports your appeal e.g. death certificate, obituary, letter(s) from a third party such as social service, police, pastor, physician, psychiatrist, etc. Please do not give us the original documentation.
5. Attach the Academic Advisor Assessment form completed by your academic advisor or faculty mentor.
6. Submit all documents to the Office of Financial Aid via mail or email at [finaid@pnw.edu](mailto:finaid@pnw.edu). All received documents must be legible and contain all required signatures. **Failure to complete all documentation will result in your appeal being denied.**
7. The Office of Financial Aid will review your appeal and notify you of the outcome via your PNW email within five business days from the date your appeal is received in our office.

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## Satisfactory Academic Progress Appeal

**Submission Deadline: The last day to withdraw from classes for the semester (see University Calendar)**

**Student's Name:** \_\_\_\_\_ **PUID:** \_\_\_\_\_

### SECTION I:

**Please select and complete the option(s) below that best describe your situation.** You may view your current academic standing and Satisfactory Academic Progress status via self-service Banner (SSB).

I am appealing my ineligibility due to my failure to meet the required cumulative standard of 2.0 for an undergraduate student or the minimum 3.0 cumulative GPA standard as a graduate student.

I am appealing as I failed to meet the required cumulative 67% PACE completion rate.

I am appealing because I have exceeded or I am approaching the maximum timeframe (e.g. number of credit hours) allowed to continue receiving financial aid.

### SECTION II: Reinstatement Request Type.

Please select and complete the option that best describes the mitigating circumstance that has contributed to your academic difficulty and follow the instructions for that category. **Attach to this form your letter outlining the situation which affected your academic performance. You are required to submit documentation to support your appeal. Appeals submitted without required documentation will be denied.**

#### **Death of an immediate family member (parent, grandparent, sibling, child, spouse, in-law)**

- Submit a letter explaining in detail your relationship and date of death, what steps you have taken to support your efforts to achieve Satisfactory Academic Progress standards, what changes you have made/will make to ensure academic success if your appeal is granted.
- Attach a photocopy of the appropriate documentation

#### **Serious illness or injury to student or immediate family member (parent, grandparent, sibling, child, spouse, in-law)**

- Submit a letter explaining in detail the nature and dates of the illness or injury, how the circumstances have changed to now support your efforts to achieve Satisfactory Academic Progress standards, and what you will do differently to ensure academic success if your appeal is granted.
- Attach a statement from the physician indicating the dates you were under their care.

#### **Significant trauma in student's life that impaired the student's emotional and/or physical health.**

- Submit a letter explaining in detail the nature and dates of the significant trauma, how your life circumstances have changed to now support your efforts to achieve Satisfactory Academic Progress standards, and what you will do differently to ensure academic success if your appeal is granted.
- Attach supporting documentation from a third party (physician, social worker, psychiatrist, police, pastor, etc.)

**(Section II continued on page 3)**

**Maximum Timeframe**

- Submit a letter explaining in detail the circumstances that have caused you to not complete your degree within the allotted timeframe, how your life circumstances have changed to now support your efforts in completing the remaining coursework by your estimated date of graduation, and what you will do differently to ensure your academic success if your appeal is granted.

**Other unexpected circumstances beyond the student's control**

- Submit a letter explaining in detail the nature and dates of the unexpected circumstance(s), how your life circumstances have changed to now support your efforts to achieve Satisfactory Academic Progress standards, and what you will do differently to ensure academic success if your appeal is granted.
- Attach supporting documentation

**CERTIFICATION:** By submitting this form to the Office of Financial Aid I am requesting reinstatement of my financial aid eligibility. I understand that appeal decisions are made on a case-by-case basis and that my appeal may be denied. If my appeal is denied I understand that payment of my bill for tuition and fees is my responsibility.

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Student's Signature

Date

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**Hammond Campus**

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(219) 989-2301 \* FAX: (219) 989-2141  
Toll-Free: (855) 608-4600

website: pnw.edu

**Westville Campus**

1401 S. U.S. Hwy. 421 \* Westville, IN 46391  
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Toll-Free: (855) 608-4600

## Financial Aid Academic Plan Contract

**Student's Name:** \_\_\_\_\_ **PUID:** \_\_\_\_\_

As a student and a financial aid recipient at Purdue University Northwest I recognize that changes in my study habits and academic performance are necessary for me to continue to receive financial aid. I believe in the value of a college education. As part of my effort to improve my academic performance I agree to actively follow the terms outlined in this Academic Plan Contract during my probation semester.

Please initial each item listed. By initialing each item, I acknowledge that I have read and understood the terms of this contract.

- \_\_\_\_\_ I understand that my semester GPA must meet the standards as outlined in the Satisfactory Academic Progress policy or I will forfeit my aid eligibility at the conclusion of the probation period.
- \_\_\_\_\_ I understand that my semester PACE (completion rate) must be at least 67% or I will forfeit my aid eligibility at the conclusion of the probation period.
- \_\_\_\_\_ I will attend classes regularly, be on time, prepared, and complete all assignments to the best of my ability.
- \_\_\_\_\_ I will get to know my academic advisor and professors by making contact with them and/or visiting them during their office hours and by asking questions and seeking advice at least twice each semester.
- \_\_\_\_\_ I will not drop, withdraw, or register for any course(s) during this semester without the approval of my Academic Advisor. I will meet with a representative from the Office of Financial Aid before I drop or withdraw from any course to ensure I understand how my actions may affect my financial aid eligibility.
- \_\_\_\_\_ I understand that tutoring is available and will take advantage of this service as needed, as well as other services available through [Student Academic Support](#)<sup>1</sup>.
- \_\_\_\_\_ I understand that [counseling is available](#)<sup>2</sup> to help with personal, interpersonal, vocational and academic concerns and will take advantage of these services as needed.
- \_\_\_\_\_ I understand that once I have reached the maximum number of credit hours allowed, federal and state funding may be limited to the credit hours needed to graduate as established in my Academic Advisor Assessment.
- \_\_\_\_\_ I understand that if I do not meet Satisfactory Academic Progress standards (PACE, GPA, and Timeframe) by the end of probation semester I will lose my financial aid eligibility.

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<sup>1</sup> <https://www.pnw.edu/student-academic-support>

<sup>2</sup> <http://www.pnw.edu/counseling/>

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Student's Signature

Date

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Advisor's Signature

Date

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Advisor's Printed Name

Phone Number

**Return to the Office of Financial Aid the entire completed Satisfactory Academic Progress Packet.**

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**Academic Advisor Assessment**

**Student's Name:** \_\_\_\_\_ **PUID:** \_\_\_\_\_

The objective of the Academic Advisor Assessment is to determine the student's ability to meet the University's standards of Satisfactory Academic Progress. The student is required to:

- Successfully complete at least 67% of attempted credit hours as outlined in the Satisfactory Academic Progress policy.
- Meet minimum semester and cumulative GPA requirements as outlined in the Satisfactory Academic Progress policy.
- Complete the academic program within the maximum allowable timeframe (total attempted hours cannot exceed 150% of the number of hours required for the degree).

**Academic Advisor Assessment: (This section is to be completed by your Academic Advisor)**

Student's anticipated graduation term: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year: \_\_\_\_\_

Number of credit hours in student's program of study: \_\_\_\_\_ credit hours

Number of credit hours **remaining** for student to complete their program of study: \_\_\_\_\_ credit hours

List the courses the student must successfully complete this semester. As an option the academic advisor may submit a copy of the student's program of study indicating in which semester the courses will be taken.

Course	Credits	Term to be taken
<b>Total Credits</b>		

**Certification:** (signed by student and academic advisor)

I certify that I have met with my academic advisor to develop an academic plan designed to assist me with meeting the University's standards for Satisfactory Academic Progress and to create a path to graduation. I further understand that in order to continue receiving Financial Aid I must meet the requirements of this Academic Advisor Assessment. I further understand that if I fail to meet the terms of this plan I will be ineligible for financial aid.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Name (Please Print)

\_\_\_\_\_  
Phone

**Return to the Office of Financial Aid the entire completed Satisfactory Academic Progress Packet.**

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