

UWO Financial Aid Office 800 Algoma Blvd, Dempsey 104 Oshkosh, WI 54901 Fax (920) 424-0284

Email: fao@uwosh.edu

## Satisfactory Academic Progress Appeal for Financial Aid

In accordance with federal Satisfactory Academic Progress regulations, the UW Oshkosh Financial Aid office has established guidelines for evaluating your academic progress. The Satisfactory Academic Progress (SAP) standards are different than the academic standards of the University or department(s). Details regarding SAP eligibility standards can be found at: <a href="https://uwosh.edu/financialaid/process/sap/">https://uwosh.edu/financialaid/process/sap/</a>

## Sten 1

Complete the SAP appeal form and attach documentation supporting your SAP appeal. (If you are on Warning you do not need to appeal)

## Step 2

Step 3

Return the completed form to the address above NO LATER THAN SIX WEEKS after your SAP was evaluated. No appeal will be accepted after the date of the 3rd bill payment.

First Name	Last Name	ID Number	Anticipated Graduation To
What extenuating	circumstance caused you	to not meet SAP? (max	x 2500 characters)
What has changed	with your circumstance th	nat will allow you to m	eet SAP in the future?
When you return the com	pleted appeal to the Financial Aid	office make sure to include the	e following:
	supporting documentation of your	circumstance? (See Page 2)	
If necessary did you i	nclude your academic plan?		bility. I certify that the

No incomplete appeals will be considered. Decisions of the SAP Appeals Committee are final. Communications and appeal decisions will be delivered to your UWO email address. Please retain a copy of your completed appeal for your records.

NOTE: Signatures cannot be typed. Must be physical signature.





## Supporting Documentation for SAP Appeal

Extenuating Circumstance		Required Documentation	
Work Related	Required overtime, required schedule change,	-Letter from employer including effective dates(s) and whether the increase in hours was mandatory	
	Reduced hours resulting in increased childcare need, layoff, job loss	-Letter from employer -Separation letter	
Medical or Mental Health Concern	Serious illness or change in health status	-Letter from doctor -Record of doctor visits	
	Surgery/hospitalization	-Letter stating doctor advised period of recovery -Record of doctor visits -Hospitalization records -Copies of medical bills documenting illness/injury	
	Mental health concern	-Letter from doctor, therapist or counselor	
	Dental emergency	-Record of dental visits -Letter from dentist -Letter stating dentist advised period of Recovery	
Dependent Care	Dependent's Medical Condition	-Records from doctor visits -Letter stating doctor advised period of recovery -Hospitalization records	
	Dependent-care Issue	-Letter from new care provider -Letter from new care provider	
Other	Death of a Loved One	-Obituary -Funeral program -Letter from counselor -Documentation should include date and indicate relationship to the deceased -Death Certificate	
	Housing Insecurity/Eviction	-Eviction notice -Letter from transitional housing program	
	Assault/Domestic Violence	-Police report -Court documentation -Letter from clergy, social worker, counselor, doctor	
	Other	-A signed and dated letter from someone who is familiar with your situation and can support the reason for appeal (clergy, social worker, case worker, counselor, advisor, doctor, etc.)	