Federal and State regulations governing student financial aid require aid recipients maintain standards of reasonable academic progress towards completion of their degree or certificate. Satisfactory Academic Progress (SAP) is monitored at the end of each semester for students on “Financial Aid Probation”. For a complete description of the Satisfactory Academic Progress Policy, visit our website at http://www.calstatela.edu/financialaid/.

Special Note: Appeal review may take a minimum of 6 weeks (or longer). You will be notified by mail of our decision. If you have registered for classes or intend to register for classes, you are responsible for paying your registration fees by the payment deadline (as specified in the Schedule of Classes) in order to register for classes or to avoid being dropped from your classes. All SAP Level II Decisions are FINAL; if you are denied there are no further appeals.

APPEAL INSTRUCTIONS:

STEP 1: Complete and sign the 2016-17 Satisfactory Academic Progress (SAP) Appeal Form.

STEP 2: Submit a written statement of explanation. Your statement must clearly explain the following:

1. What were the circumstances that prevented you from meeting the satisfactory academic progress standards?
2. What was your responsibility for these events?
3. How have your circumstances changed so your failure of the situation will not reoccur?
4. What steps you have taken to ensure you will make Satisfactory Academic Progress in the future?

STEP 3: Attach Supporting Documentation

NOTE: For all appeals, depending upon your circumstances and nature of appeal, you are advised to submit/attach other supporting documents (if appropriate) that further document your situation (i.e., letter from your doctor, copy of a death certificate, etc.). A written statement of explanation will not be accepted as “supporting documentation.”

SAP Appeals for GPA deficiencies must include:

1. Memo (on official University letterhead) from academic advisor that outlines how you will improve your Cal State LA GPA.
2. A completed Academic Plan Form listing the recommended courses you have been advised to enroll in by your academic advisor. The form must have the Department’s stamp or seal.

SAP Appeals for Excessive Units must include:

1. Academic Plan form which lists ALL remaining courses required to complete your degree and expected term of graduation. Attach additional page(s) if needed.
2. A copy of your “Degree Progress Report” available online via GET under “Academic Requirements.”
3. Masters and Teaching Credential Students: A copy of your Official Program signed by the Department Chair or designee in addition to the above two documents is required.
2016-17 SAP Level 2 – SAP Committee
Satisfactory Academic Progress (SAP) Appeal

Last Name __________________________ First Name __________________________ M.I. __________________________
Campus Identification Number __________________________ Phone Number (include area code) __________________________

Please select academic level:
☐ Undergraduate
☐ Graduate/Masters
☐ Teaching Credential
☐ EDD (PhD)
☐ Post-Bacc/2nd Bachelor’s
☐ Graduate Student pursuing 2nd Master’s Degree
☐ Certificate Program

STEP 1: Select the reason(s) for your appeal (check all that apply):
☐ Grade Point Average Standard
☐ The Pace Standard
☐ Maximum Time Frame

STEP 2: Select which term you are appealing to receive financial aid for:
☐ Fall ‘16
☐ Spring ‘17
☐ Summer ‘17

STEP 3: Attach a statement of Explanation (see instructions listed on previous page).

STEP 4: Attach Supporting Documents (see instructions listed on previous page).

Note: Appeals submitted without the proper documentation, explanation and academic plan (if required) will be “Denied” without review

Student Statements of Understanding

My signature below acknowledges the following statements:

• The information on this form and in any attachments is complete and accurate. It also authorizes the Center for Student Financial Aid to verify any information submitted.
• I understand that the submission of this appeal does not guarantee reinstatement of financial aid.
• I have been advised that this appeal should be submitted as soon as possible and preferably before the start of the term and no later than the term census date for which I am appealing.
• I understand the SAP appeal review process may take a minimum of 6-8 weeks (or longer) and I am responsible for paying my registration fees by the payment deadlines specified in the “Schedule of Classes” in order to register for classes or avoid being dropped from my classes.

Student’s Signature __________________________________________ Date: __________________________

OFFICE USE ONLY

☐ Appeal Approved (probation) for term: ☐ Fall ‘16 ☐ Spring ‘17 ☐ Summer ‘17
Probation - Your academic progress will be monitored again at the end of every semester. You must meet all SAP criteria and/or the conditions specified in your appeal approval to maintain your funding eligibility.

☐ Excessive Units – Approved up to: _____________ Units
☐ Appeal Denied – Appeal Form Incomplete

☐ 2nd Masters or 2nd BA – Approved up to: _____________ Units
☐ Appeal Denied: Please see attached letter

☐ Appeal Denied for the following reason(s):

________________________________________

Reviewed by __________________________ Date: __________________________

(Financial Aid Committee Chair)
An Academic Plan is required for students whose aid has been suspended due to GPA deficiency or Excessive Units (Pace and/or Maximum Time Frame Standards). Course listings should be completed by the Academic Advisor "not" by the student.

<table>
<thead>
<tr>
<th>Term</th>
<th>Required Course Description (i.e. PPS250)</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please attach a separate sheet of paper if additional terms are needed beyond Spring 2018.

TOTAL Additional Units Needed for Graduation: _______

Expected Term of Graduation (Program Completion):

Term: ___________________ Year: __________

Student’s Signature: ___________________________________________ Date: ________________________

Course listings MUST be completed by the Academic Advisor not by the student.

Name of Academic Advisor: _______________________________ Date: ______________

Advisor’s Signature: _____________________________________

Include Department Stamp or Seal Here