

## Completing the SAP Level 1 Appeal using DocuSign Quick Reference Guide (QRG) for Students

**Step 1:** Fill in your full name (e.g. First Last) and Cal State LA email account

**Step 2:** Click on **begin signing**

**PowerForm Signer Information**

To complete the 2022-23 Satisfactory Academic Progress (SAP) Appeal Form, please fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

**Student**

**Your Name: \***

First Last

**Your Email: \***

firstlast@calstatela.edu

**Click**

**BEGIN SIGNING**

**Step 3:** Select the “I agree to use electronic records and signatures”

Cal State LA- Financial Aid-2023-2024 SAP Appeal Form

Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

**CONTINUE** **OTHER ACTIONS** ▾

**Click**

**APPEAL PROCESS:** Students who are deemed ineligible to receive financial aid for not meeting satisfactory academic progress (SAP) standards and have extenuating circumstances beyond their control may submit a SAP appeal to the Financial Aid Office. Examples of conditions that would be considered extenuating are: death of family member, your own serious illness or injury, approved medical withdrawal, compulsory military duty, and extreme personal hardship.

Then click on **continue**.

Step 4: Complete all required fields and attach any supporting documentation if applicable. Sign the document using an electronic signature and **click on finish.**

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**Financial Aid and Scholarships**  
California State University, Los Angeles  
5151 State University Drive, SSB 2330  
Los Angeles, CA 90032-8402  
Phone: (323) 343-6260

**2023-24**  
3/2023

For office use only:

**2023-24 Satisfactory Academic Progress (SAP) Appeal Form**

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_ 123456789 555-555-5555  
Last Name First Name M.I. Campus Identification Number Phone Number (include area code)

**1. Select your current academic level:**

Undergraduate     Graduate/Masters     Teaching Credential     EDD (PhD)  
 Post-Bacc/2<sup>nd</sup> Bachelor's     Graduate Student pursuing 2<sup>nd</sup> Master's Degree     Certificate Program

**2. Select the reason(s) for your appeal (check all that apply):**

Minimum Cumulative Grade Point Average Standard  
 Minimum Cumulative Pace of Completion Standard (If checked, an Academic Plan or Degree Planner must be submitted)  
 Maximum Time Frame of Aid Eligibility for Degree Completion Standard (If checked, an Academic Plan or Degree Planner must be submitted)

**3. Select the term you are appealing to receive financial aid for:**     Fall '23     Spring '24     Summer '24

**4. Attach a statement of explanation and any supporting documents (see instructions listed on previous page).**

Optional

**Student Statement of Understanding**

My signature below acknowledges the following:

- The information on this form and in any attachment(s) is complete and accurate. I authorize 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 and that I will be responsible for any account balance should I decide to continue enrollment.
- I understand that this appeal should be submitted as soon as possible but no later than 30 calendar days from the date of my SAP ineligibility notice. Appeals received after 30 days may be automatically denied without review.
- I understand the SAP Appeal review process may take a minimum of 3-4 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:** 6/7/2023 | 16:13 PM PDT

OFFICE USE ONLY

Appeal approved (probation) for term(s):     Fall '23     Spring '24     Summer '24

Excessive Units – Approved up to: \_\_\_\_\_ Units     Appeal Denied – Appeal Form Incomplete

2<sup>nd</sup> Masters or 2<sup>nd</sup> BA – Approved up to: \_\_\_\_\_ Units     Appeal Denied for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Financial Aid Advisor)

**Click**

**FINISH**

SAP Level 1 Appeal Form.docx 2 of 2

Step 5: A confirmation e-mail will be generated for each successful submission.

# CAL STATE LA



Your document has been completed

[VIEW COMPLETED DOCUMENT](#)

**Cal State LA – Enrollment Services**

[emtsupport@calstatela.edu](mailto:emtsupport@calstatela.edu)

All parties have completed Cal State LA- Financial Aid-2023-2024 SAP Appeal Form.

Cal State LA- Financial Aid-2023-2024 SAP Appeal Form

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