You have been denied financial aid for the 2015-2016 academic year due to unsatisfactory academic progress. You have the right to appeal for reinstatement of eligibility. The appeal must provide evidence that:

- An error was made during the academic progress evaluation, or
- Mitigating circumstances (serious illness or injury, death in the family, etc.) prevented the successful completion of courses attempted, or
- The maximum time frame to complete a program was exceeded due to a curriculum change or the pursuit of more than one associate degree or certificate.

Appeals will NOT be heard in person and the decision of the committee is final, so take your time in composing this letter as it is your only opportunity to describe any extenuating circumstances that prevented you from making academic progress. Your letter should include all of the components listed below and must be submitted by the appropriate deadline. Your appeal must include all of the following components:

I. **IDENTIFICATION**
   Include your full name and student ID # in your letter. Also include the date you are submitting your appeal.

II. **What is the reason for your letter?**
   Why are you appealing? What do you expect to get out of this process? Be sure to re-state in your own words the reason that you are not making academic progress, i.e. what should your GPA be? What is it now?

III. **State the facts!**
   Explain your pertinent academic history. Remember, your entire academic history must be taken into account when your academic progress is reviewed (this includes any classes taken prior to an academic restart). Review your academic transcript and discuss each course that you did not complete.

IV. **Describe extenuating circumstances—make your case!**
   Think about what circumstances/events occurred that prevented you from meeting the satisfactory academic progress requirements. Please be specific in your explanation.

V. **Do you have supporting documentation?**
   Please attach copies of documentation that supports your claim. Do not attach your originals. A letter from your health care provider is must accompany all medical excuses. Third-party letters from clergy or social workers are acceptable documentation in support of undue hardship or extenuating family circumstances. Be advised, all letters must be on the provider’s stationary. In the case of academic issues, you may provide a letter from an advisor. Additional examples of acceptable documentation can be found on the BACK OF THIS FORM.
   PLEASE NOTE: Letters from parents, other family members or friends will not be considered proper documentation

VI. **Corrective action has been taken?**
   Your appeal should also explain the corrective action that addresses each issue that you listed as an extenuating circumstance. List changes that you have made or steps that you have taken that will help you remedy your situation. For example, if you worked too much to complete the minimum level of courses last year will you be working less this year, taking less classes, or both?

VII. **Sign and attach the Satisfactory Academic Appeal Agreement.**
   You must sign and attach the signature portion of the SAP Appeal Agreement in order for your appeal to be reviewed.

VIII. **Deadlines**
   Appeals will be accepted and processed on a rolling basis. Appeals for the Fall semester should be submitted before November 1st. Appeals for the Spring semester should be submitted before April 1st. Appeals for the Summer semester should be submitted before June 10th.
## Examples of Financial Aid Appeal Documentation

Please Note: Letters from Parents, other family members, or friends will NOT be considered proper documentation.

<table>
<thead>
<tr>
<th>Category</th>
<th>Condition</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td>Problems with childcare and/or transportation to and from college</td>
<td>Written proof that transportation is available (copy of car purchase) or letter showing childcare arrangements. If no formal proof is available, please get a note from a counselor to confirm the situation is now resolved.</td>
</tr>
<tr>
<td></td>
<td>Family or relationship problems</td>
<td>Note from at least 1 counselor (college or outside professional)</td>
</tr>
<tr>
<td></td>
<td>Death in family</td>
<td>Obituary or funeral program. (Date of event must be listed)</td>
</tr>
<tr>
<td></td>
<td>Job conflict</td>
<td>Note from employer stating hours per week and your ability to handle work schedule and course load.</td>
</tr>
<tr>
<td>Medical</td>
<td>Any problem involving physical or emotional conditions which interrupted or stopped you from attending class</td>
<td>Note, bill, or statement from a doctor or hospital with date of illness clearly stated on the document.</td>
</tr>
<tr>
<td>Poor academic preparation</td>
<td>History of withdrawals, D’s, F’s, or course incompletes “I’s”</td>
<td>Note from at least one instructor and/or counselor describing your past academic problems and your recent potential resolution</td>
</tr>
<tr>
<td>Length of attendance</td>
<td>Student has attended Mercer for more than three years or equivalent.</td>
<td>On the front of the appeal form, please explain your change of curriculum or your re-admission for another associate degree.</td>
</tr>
<tr>
<td>Lapse in attendance</td>
<td>Student has not attended Mercer for the past three years or more</td>
<td>If no documentation is available, an Academic Plan may be required.</td>
</tr>
</tbody>
</table>