Deadline to Submit Summer Appeal: Summer: May 24th

PLEASE READ CAREFULLY PRIOR TO SUBMITTING AN APPEAL

NO DOCUMENTATION – AUTOMATIC DENIAL

If you have experienced any extenuating circumstance that caused you not to meet the Satisfactory Academic Progress (SAP) Standards, you may submit an appeal to have your circumstances reviewed by the SAP Committee. If your circumstance is due to, but not limited to, medical reasons, are mental, physical, or emotionally related, be sure to have documentation that verifies the issue is RESOLVED! No repeated circumstances will be considered!

It is your responsibility to ensure the completed appeal form and ALL supporting documentation is submitted all together at the same time to the Office of Financial Aid by the deadline listed above for the term. Please ensure documentation is in accordance with your unsatisfactory semesters. Appeals can be submitted via walk-in, email, fax, or postal mail (must be post marked by the due date). Incomplete appeals will be denied. Submitting fraudulent documentation will also result in a denial. Appeals received after the deadline will be reviewed for the next semester. *No Exceptions*

Advisement Sheet
It is your responsibility to have your academic advisor or department head complete the advisement sheet (page 3 or 4 of this appeal form). Select the page that is applicable to your SAP status. A decision will not be made without the advisement sheet. A program of study is NOT accepted in place of the advisement sheet.

Appeal Decision:
Please include ALL documentation you wish to be considered with this form. It is your only representation before the SAP Committee, as you will not be able to meet with the committee face to face. Filing an appeal does not guarantee Financial Aid reinstatement. The appeal decision will be based on your letter of circumstances, documentation received, and your academic record. Your “myTSU” account will be updated accordingly when a decision is made. You may check it under your Financial Aid Status and/or Student Messages. You will also receive a written response after your complete appeal has been reviewed.

If your appeal is denied, you will need to make payment arrangements in order to pay fees if you choose to attend. A reason may not be given for denied appeals. This will be your ONLY attempt to appeal for the term.

Extenuating circumstances
Extenuating circumstances are situations that occur beyond your control. Examples of extenuating circumstances and documentation are:

1. Medical Problems (physical or mental) – Official statement on letterhead from your physician, hospital or professional counselor which indicates the duration of the illness, whether the medical or mental condition is under control and whether you are able to attend school;
2. Accident/Injury – The Police Report, statement from physician or hospital to support the date of your accident and/or injury, any medical problem(s) that resulted and whether you are able to attend school;
3. Death of Immediate Family Member – Loss of an immediate family member (parents, grandparents, siblings, spouse, and children) must be documented; examples of documentation may include, but not limited to, an obituary, death certificate and/or death announcement. If loss is extended family, please provide notarized statement of significance.
4. Other Extenuating Circumstances – Clearly describe your extenuating circumstance, and the duration of the problem that you suffered. Documentation may include, but not limited to notarized statement(s) or letters from professional sources indicating circumstances have improved or been resolved.
Financial Aid Satisfactory Academic Progress Appeal Form

Email letter, completed form and documentation to: sap@tnstate.edu
Tennessee State University
3500 John A Merritt Blvd. - Nashville, TN 37209-1561

TO BE COMPLETED BY ALL STUDENTS:
Submitting This Form Does Not Guarantee Reinstatement of Financial Aid.

Check the Session for your Summer 2019 Appeal

_________ Session I or Full Summer 

Step 1: Attach a typed letter clearly explaining the extenuating circumstance(s) that caused you to fail the standard(s).

Step 2: Provide documentation to support your appeal statement.

Step 3: Explain what has changed and your plan of action that will ensure your future success academically. Use a separate sheet of paper.

Student Certification and Signatures

I certify that the information I have provided is true and complete to the best of my knowledge. By completing and submitting this form I certify that: (1) I have reviewed the SAP policy and understand I do not meet SAP standards required for financial aid; (2) I agree that the courses I am taking during this enrollment period count toward my degree requirements; (3) I am responsible for any charges incurred during period/s of ineligibility.

Student’s Signature_________________________________________ Date__________________

Explanations Must Be Submitted on a Separate Piece of Paper:

OFFICE USE ONLY

[ ] APPEAL DENIED

[ ] APPEAL APPROVED

___APGPA ___APHRS___APBTH_____APMAX

COMMENTS: ____________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

TENNESSEE STATE UNIVERSITY

Revised 04/04/2019
**Tennessee State University** - Office of Financial Aid

Email letter, completed form and documentation to: sap@tnstate.edu

3500 John A Merritt Blvd - Nashville, TN 37209-1561

MAX HOURS and FAIL GPA APPEALS ONLY

**Check the Session for your Summer 2019 Appeal**

<table>
<thead>
<tr>
<th>Session I or Full Summer</th>
<th>Session II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________</td>
<td>TNumber: T__</td>
</tr>
<tr>
<td>(Please Print)</td>
<td></td>
</tr>
<tr>
<td>Address: __________________</td>
<td></td>
</tr>
<tr>
<td>City/State: _______________</td>
<td>Zip Code: ____________</td>
</tr>
<tr>
<td>Phone #: (__) ____________</td>
<td>Email: __________________</td>
</tr>
</tbody>
</table>

(An Incomplete Form Will Be Denied.)

**Academic Evaluation (to be assessed by your academic advisor)**

The student listed above is currently on financial aid suspension and is filing an appeal with Financial Aid regarding his/her Satisfactory Academic Progress. An academic evaluation below is needed for the appeal semester to make a decision on student’s eligibility. A program of study will not be accepted as a substitute.

---

**Step 1: STUDENT** - attach a typed letter explaining the circumstance(s) that caused you to exceed max time allowed.

**Step 2: ACADEMIC ADVISOR** - Provide ALL information requested below

- (A) Total Hours Required for current Degree Program \( (A = C + D) \) ____________
- (B) Total Attempted Hours on Transcript (including any Transfer Hours) ____________
- (C) Total Earned Hours toward current Degree (including any Transfer Hours) ____________
- (D) Total Hours Needed to complete Current Degree Program \( (A – C = D) \) ____________
- (E) Expected Graduation Date (MM/YEAR) ____________

**Academic Advisor Certification and Signatures**

Your signature indicates that you have discussed expected graduation date, the remaining courses needed for graduation, and the recommended courses for the upcoming term with the student.

<table>
<thead>
<tr>
<th>Academic Advisor’s Name (Print)</th>
<th>Academic Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Advisor’s Signature</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>Extension</td>
</tr>
</tbody>
</table>

************************************************************************************************

Check the Session for your **Summer 2019 Appeal**

_______ Session I or Full Summer ______ Session II _______

Name: ______________________________ TNumber: T__________

(Please Print)

Address: ________________________________

City/State: _____________________________ Zip Code: ____________

Phone #: (__) ______________ Email: __________________

Step 1: STUDENT - attach a typed letter explaining the circumstance(s) that caused you to exceed max time allowed.

**Step 2: ACADEMIC ADVISOR** - Provide ALL information requested below

- (A) Total Hours Required for current Degree Program \( (A = C + D) \) ____________
- (B) Total Attempted Hours on Transcript (including any Transfer Hours) ____________
- (C) Total Earned Hours toward current Degree (including any Transfer Hours) ____________
- (D) Total Hours Needed to complete Current Degree Program \( (A – C = D) \) ____________
- (E) Expected Graduation Date (MM/YEAR) ____________

**Academic Advisor Certification and Signatures**

Your signature indicates that you have discussed expected graduation date, the remaining courses needed for graduation, and the recommended courses for the upcoming term with the student.

<table>
<thead>
<tr>
<th>Academic Advisor’s Name (Print)</th>
<th>Academic Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Advisor’s Signature</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>Extension</td>
</tr>
</tbody>
</table>

************************************************************************************************

An Incomplete Form Will Be Denied.)

**Academic Evaluation (to be assessed by your academic advisor)**

The student listed above is currently on financial aid suspension and is filing an appeal with Financial Aid regarding his/her Satisfactory Academic Progress. An academic evaluation below is needed for the appeal semester to make a decision on student’s eligibility. A program of study will not be accepted as a substitute.

---

**Step 1: STUDENT** - attach a typed letter explaining the circumstance(s) that caused you to exceed max time allowed.

**Step 2: ACADEMIC ADVISOR** - Provide ALL information requested below

- (A) Total Hours Required for current Degree Program \( (A = C + D) \) ____________
- (B) Total Attempted Hours on Transcript (including any Transfer Hours) ____________
- (C) Total Earned Hours toward current Degree (including any Transfer Hours) ____________
- (D) Total Hours Needed to complete Current Degree Program \( (A – C = D) \) ____________
- (E) Expected Graduation Date (MM/YEAR) ____________

**Academic Advisor Certification and Signatures**

Your signature indicates that you have discussed expected graduation date, the remaining courses needed for graduation, and the recommended courses for the upcoming term with the student.

<table>
<thead>
<tr>
<th>Academic Advisor’s Name (Print)</th>
<th>Academic Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Advisor’s Signature</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>Extension</td>
</tr>
</tbody>
</table>

************************************************************************************************

An Incomplete Form Will Be Denied.)

**Academic Evaluation (to be assessed by your academic advisor)**

The student listed above is currently on financial aid suspension and is filing an appeal with Financial Aid regarding his/her Satisfactory Academic Progress. An academic evaluation below is needed for the appeal semester to make a decision on student’s eligibility. A program of study will not be accepted as a substitute.

---

**Step 1: STUDENT** - attach a typed letter explaining the circumstance(s) that caused you to exceed max time allowed.

**Step 2: ACADEMIC ADVISOR** - Provide ALL information requested below

- (A) Total Hours Required for current Degree Program \( (A = C + D) \) ____________
- (B) Total Attempted Hours on Transcript (including any Transfer Hours) ____________
- (C) Total Earned Hours toward current Degree (including any Transfer Hours) ____________
- (D) Total Hours Needed to complete Current Degree Program \( (A – C = D) \) ____________
- (E) Expected Graduation Date (MM/YEAR) ____________

**Academic Advisor Certification and Signatures**

Your signature indicates that you have discussed expected graduation date, the remaining courses needed for graduation, and the recommended courses for the upcoming term with the student.

<table>
<thead>
<tr>
<th>Academic Advisor’s Name (Print)</th>
<th>Academic Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Advisor’s Signature</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>Extension</td>
</tr>
</tbody>
</table>

************************************************************************************************

An Incomplete Form Will Be Denied.)

**Academic Evaluation (to be assessed by your academic advisor)**

The student listed above is currently on financial aid suspension and is filing an appeal with Financial Aid regarding his/her Satisfactory Academic Progress. An academic evaluation below is needed for the appeal semester to make a decision on student’s eligibility. A program of study will not be accepted as a substitute.

---

**Step 1: STUDENT** - attach a typed letter explaining the circumstance(s) that caused you to exceed max time allowed.

**Step 2: ACADEMIC ADVISOR** - Provide ALL information requested below

- (A) Total Hours Required for current Degree Program \( (A = C + D) \) ____________
- (B) Total Attempted Hours on Transcript (including any Transfer Hours) ____________
- (C) Total Earned Hours toward current Degree (including any Transfer Hours) ____________
- (D) Total Hours Needed to complete Current Degree Program \( (A – C = D) \) ____________
- (E) Expected Graduation Date (MM/YEAR) ____________

**Academic Advisor Certification and Signatures**

Your signature indicates that you have discussed expected graduation date, the remaining courses needed for graduation, and the recommended courses for the upcoming term with the student.

<table>
<thead>
<tr>
<th>Academic Advisor’s Name (Print)</th>
<th>Academic Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Advisor’s Signature</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>Extension</td>
</tr>
</tbody>
</table>
Check the Session for your **Summer 2019 Appeal**

<table>
<thead>
<tr>
<th>Session I or Full Summer</th>
<th>Session II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________</td>
<td>TNumber: T __________________</td>
</tr>
</tbody>
</table>

(Please Print)

Address: ________________________________________________________________

City/State: ________________________________________________________________ Zip Code: __________________

Phone #: (____) ___________________ Email: __________________________________

(An Incomplete Form Will Be Denied.)

**Academic Evaluation (to be assessed by your academic advisor)**

The student listed above is currently on financial aid suspension and is filing an appeal with Financial Aid regarding his/her Satisfactory Academic Progress. An academic evaluation below is needed for the appeal semester to make a decision on student’s eligibility. A program of study will not be accepted as a substitute.

Step 1: **STUDENT** - attach a typed letter explaining the circumstance(s) that caused you to exceed max time allowed.

Step 2: **ACADEMIC ADVISOR** - Provide ALL information requested below

- (A) Total Hours Required for current Degree Program  \( (A = C + E) \) __________
- (B) **Total Attempted Hours** (including any Transfer Hours) __________
- (C) **Total Earned Hours** toward Degree (including any Transfer Hours) __________
- (D) Total Attempted Hours **Not** Counted toward Degree (including Transfer Hours) \( (B - C = D) \) __________
- (E) **Total Hours Needed to Complete** Current Degree (Including Current Semester) \( (A - C = E) \) __________

**Recommended Courses for Appeal Semester:**

<table>
<thead>
<tr>
<th>Subject Code</th>
<th>Course Title</th>
<th>Subject Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>course no.</td>
<td>(ex: MATH-1010)</td>
<td>course no.</td>
<td>(ex: MATH-1010)</td>
</tr>
<tr>
<td>_________</td>
<td>__________</td>
<td>_________</td>
<td>__________</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

**Academic Advisor Certification and Signatures**

Your signature indicates that you have discussed expected graduation date, the remaining courses needed for graduation, and the recommended courses for the upcoming term with the student.

______________________________  ________________________________
Academic Advisor’s Name (Print)  Academic Department

______________________________  ______________  ______________
Academic Advisor’s Signature  Date  Extension

Revised 04/04/2019