Return To:
Office of Financial Aid
Phone: (615) 963-5701
Fax: (615) 963-7540

TENNESSEE STATE UNIVERSITY

Tennessee State University
3500 John A Merritt Blvd
Nashville, TN 37209-1561

DEADLINE to Submit Appeal

FALL July 22th   SPRING January 6th

PLEASE READ CAREFULLY PRIOR TO SUBMITTING AN APPEAL

NO DOCUMENTATION – AUTOMATIC DENIAL

If you have experienced any extenuating circumstance that caused you <u>not</u> 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.

Revised 02/14/2019

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 term of your appeal

_____**Fall 2019**   **Spring 2020** _____

Name: _____ TNumber: **T**_____
       (Please Print)

Address: _____

City/State: _____ Zip Code: _____

Phone #: (_____) _____   Email: _____

Explanations Must Be Submitted on a Separate Piece of Paper:

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**_____

********************************do not write below this line********************************

--------OFFICE USE ONLY-------

[   ] APPEAL DENIED   [   ] APPEAL APPROVED

_____APGPA _____APHRS_____APBTH_____APMAX

COMMENTS:_____
_____
_____
_____

Revised 02/14/2019

Check the term of your appeal
_____Fall 2019   Spring 2020 _____

Name: _____ TNumber: **T**_____
(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: <u>STUDENT</u> -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)   _____

<u>Academic Advisor Certification and Signatures</u>
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

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Check the term of your appeal
_____Fall 2019   Spring 2020 _____

Name: _____ TNumber: **T**_____
   (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:

Subject Code-course no. (ex: MATH-1010)	Course Title		Subject Code-course no. (ex: MATH-1010)	Course Title

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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 02/14/2019