

Return To:  
Financial Aid Office  
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: Summer- May 29<sup>th</sup>, Fall- July 6<sup>th</sup>, Spring- January 5<sup>th</sup>**

### **NO DOCUMENTATION –AUTOMATIC DENIAL**

#### **Appeal Instructions:**

If you have experienced an 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 for reinstatement of financial aid.

The appeal and all supporting documentation should be submitted to the Financial Aid Office by the deadline listed above for the semester that you are planning to attend. **Incomplete appeals will be denied. Submitting fraudulent documentation will also result in a denial. An appeal with no documentation will be denied.** Appeals received after the deadline will be reviewed for the next semester. **\*No Exceptions\***

#### **Verify All Items Are Complete:**

- ☐ Signed typed appeal letter and appeal form
- ☐ Clear copy of all supporting documentation submitted
- ☐ Scan documentation and email to: [sap@tnstate.edu](mailto:sap@tnstate.edu)

**If not able to scan, please mail or hand deliver into the financial aid office**

Extenuating circumstances are situations that occur beyond your control. Your lack of compliance with the Satisfactory Academic Progress guidelines had to result from those direct extenuating circumstances. 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.

#### **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 anonymous committee face to face. Your “myTSU” account will be updated accordingly. You will receive a written response after your complete appeal has been reviewed. Filing an appeal **does not** guarantee Financial Aid reinstatement. The appeal decision will be based on the strength of your appeal statement, documentation received, and your academic record. If your appeal is denied, you will need to make payment arrangements in order to pay fees if you choose to attend. A reason will not be given for denied appeals. This will be your only attempt to appeal for the term.

**Financial Aid Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Financial Aid Satisfactory Academic Progress Appeal Form

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

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

|   |                  |
|---|------------------|
| <b>TERM:</b> ___ FALL, ___ SPRING, ___ SUMMER |                  |
| Name: _____<br>(Please Print)                 | TSU ID#: T _____ |
| 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 understand that the submission of an appeal does not guarantee approval; (3) my financial aid may not be reinstated for this semester and future semesters; (4) I agree that the courses I am taking during this enrollment period count toward my degree requirements; (5) my SAP status will be recalculated at the end of each spring term (every term, if on academic plan); and (6) I am responsible for any charges incurred during period/s of ineligibility

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## **-----OFFICE USE ONLY-----**

☐ ☐ ☐  
[ ] APPEAL DENIED

[ ] APPEAL PENDING

☐ ☐ ☐  
[ ] APPEAL APPROVED

\_\_\_ APGPA \_\_\_ APHRS \_\_\_ APBTH

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tennessee State University - Office of Financial Aid  
3500 John A Merritt Blvd - Nashville, TN 37207-1561  
**FOR "MAX TIME" APPEALS ONLY**

**TERM:**    \_\_\_ FALL, \_\_\_ SPRING, \_\_\_ SUMMER

Name: \_\_\_\_\_ TSU ID#: 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 the Financial Aid Office regarding his/her Satisfactory Academic Progress. An academic evaluation is needed below including the coursework to be attempted during the appeal semester to determine what counts toward the student's program and study and what courses are required to complete the program.

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

**Step 2:** From Academic Advisor - Provide information requested below

Total Hours Required for Degree \_\_\_\_\_

Total Hours Attempted (Including any Transfer Hours) \_\_\_\_\_

Total Hours Earned Toward Degree (Including Transfer Hours) \_\_\_\_\_

Total Attempted Hours Not Counted Toward Degree Program \_\_\_\_\_

Total Hours Needed for the Completion of Current Degree (Including Current Semester) \_\_\_\_\_

**Recommended Courses for Appeal Semester:**

| Subject Code-course no.<br>(ex: MATH-1010) | Course Title | Subject Code-course no.<br>(ex: MATH-1010) | Course Title |
|--|--------------|--|--------------|
|  |              |  |              |
|  |              |  |              |
|  |              |  |              |
|  |              |  |              |

**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

\*\*\*\*\*

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☐ ☐ ☐

[ ] APPEAL DENIED

[ ] APPEAL PENDING

☐ ☐ ☐

[ ] APPEAL APPROVED

\_\_\_\_APGPA \_\_\_\_APHRS \_\_\_\_APBTH