

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



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

Deadline to Submit Appeal: Fall –July 7th, Spring – January 5th

NO DOCUMENTATION –AUTOMATIC DENIAL

Appeal Instructions:

If you have experienced any extenuating circumstances 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 **all together at same time** to the Office of Financial Aid by the deadline listed above for the term. **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***

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 the strength of your appeal statement, documentation received, and your academic record. Your “myTSU” account will be updated accordingly when a decision is made. You will receive a written response after your complete appeal has been reviewed. You may also check the decision on your “myTSU” account under Financial Aid Status.

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. 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.

Verify All Items Are Complete:

- Signed typed letter AND appeal form
- Clear copy of all supporting documentation submitted
- Scan documentation, letter, appeal form and email to: sap@tnstate.edu

****If unable to scan, please mail or hand deliver to Office of Financial Aid. Mail must be post marked by due date.**



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 for your Appeal

_____ Fall 2017

Spring 2018 _____

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: _____

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 Term for your Appeal	
_____ Fall 2017	Spring 2018 _____
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 the Financial Aid Office regarding his/her Satisfactory Academic Progress. An academic evaluation below is needed for 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: 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

Total Hours Required for Degree	_____
Total Hours Attempted Hours	_____
Total Hours Earned Toward Degree (Including Transfer Hours)	_____
Total Hours Needed for the Completion of Current Degree Program	_____
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.

_____	_____	
Academic Advisor's Name (Print)	Academic Department	
_____	_____	_____
Academic Advisor's Signature	Date	Extension

“FAIL MAX TIME” APPEALS ONLY

Check the Term for your Appeal	
_____ Fall 2017	Spring 2018 _____
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 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: 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

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

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

[] APPEAL DENIED

[] APMAX

Comments: _____