

Satisfactory Academic Progress Appeal (SAP)

2019-2020

HNU Office of Financial Aid ◊ 3500 Mountain Blvd. ◊ Oakland CA, 94619 ◊ (510) 436- 1327 ◊ financialaid@hnu.edu

Student's Name _____

Student's ID# _____

Student's HNU Email Address _____

Student's Phone Number _____

(____) _____ - _____

In some cases, students may not comply with the Satisfactory Academic Progress Policy as stated in the HNU Office of Financial Aid Handbook. If there are circumstances that can be documented for the term(s) in which the student's deficiencies occurred, the student may submit this appeal form and provide a typewritten statement and document as noted below.

These circumstances must be one of the following:

- **Death in the family**
- **Medical Illness (Personal/Immediate family)**
- **Loss of a job**
- **Divorce or Separation**
- **Other circumstances outside your control**

INSTRUCTIONS:

1. Be sure that your name and student identification number is on the top of each page you submit.
2. Provide a type written statement detailing the extenuating circumstances for each semester that you did not maintain satisfactory academic progress for financial aid. Please include:
 - What specifically happened that caused you not to maintain satisfactory academic progress?
 - When did the above occurrence happen (month and year)?
 - How did the above occurrence affect your academic performance?
 - If this situation involves more than one semester, briefly explain why you continued to enroll without adjusting your course load/taking a break.
 - Briefly explain what has now changed, or the steps you have taken, that should now result in you maintaining satisfactory academic progress in the future.
3. Provide documentation for the above occurrences.
 - Signed statement from a medical professional stating the circumstances and specific date of occurrence.
 - Signed statement from a parent/relative describing a family emergency that required your attention and specify date of occurrence. Along with this statement, include a copy of death certificate or physician's statement.
 - You may provide any additional documentation that will help us make a decision.

REVIEW:

The HNU Office of Financial Aid will review this appeal within 5-10 business days. You will receive a letter informing you of the results of your appeal.

I have read, understand, and agree to the appeal process stated above. I certify that all information included with this appeal is true and correct.

Student's Signature: _____ Date: _____

HNU Office of Financial Aid Use Only

Approved

Conditional Approval

Denied

Signature of Director of Financial Aid

Date

Signature of Asst. Director of Financial Aid

Date

Signature of Financial Aid Counselor

Date

Signature of Financial Aid Counselor

Date

Signature of Advisor

Date

Signature of Student Retention and Success Coordinator

Date