

OFFICE OF FINANCIAL AID

P.O. Box 1773 Carlisle, PA 17013-2896

717-245-1308 phone 717-245-1972 fax finaid@dickinson.edu www.dickinson.edu

2023-2024 Satisfactory Academic Progress Appeal Form

Federal regulations do not require that a school allow students an opportunity to appeal an unsatisfactory status decision. Dickinson College has chosen to exercise the ability to use professional judgement and review appeals for reinstatement of aid for no more than one term of probation during their education.

The Satisfactory Academic Progress (SAP) appeal process requires the completion of this document, with a letter of appeal attached, and supporting documentation. This application and all attachments must be submitted to the Financial Aid Office via email to finaid@dickinson.edu. You must meet with the Advising Office before completing this form. Once your completed appeal is submitted, the Appeals Committee will review your request and a determination will be made.

Student Information					
Student's	nt's Name: Dickins	Dickinson ID:			
Email:	:Phone:				
SAP Appeal Instructions:					
 Per federal regulations, only appeals documenting specific circumstances will be considered for approval. Please select the reason for your appeal below:					
	\square Serious medical condition or death in the family.				
	☐ Severe personal or family problems.				
	☐ Financial or personal catastrophe.				

 \square Other (please provide more details in your letter).

- 2. Submit a detailed letter describing the extenuating circumstances that prevented you from meeting SAP standards.
 - a. A detailed explanation of the reason you did not meet academic progress with dates, how that situation has been resolved or remedied, and what steps you are taking to achieve success this upcoming semester.
- 3. Attach supporting documentation (if applicable).
 - a. This could include medical statements, hospitalization records, doctors' notes, accident reports, insurance reports, etc.
- 4. Attach an approved academic plan signed by your Academic Advisor or the Dean of Academic Advising in addition to completing the required academic summary below.

ACKNOWLEDGEMENT

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I understand that I must adhere to the academic plan created for me and work toward reaching my stated educational goal. Any deviation from my agreed upon and approved academic plan, may result in my appeal being denied.

Student Signature*:	Date:	
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Academic Summary

Meet with your Academic Advisor or the Dean of Academic Advising to complete the following section:

Student's Name:		Dickinson ID:			
1.	Current Program of Study:				
2.	Projected Graduation Date (mm/yy):				
3.	Number of credits passed	% completion rate			
4.	Number of incompletes (I) & Number of withdraw	als (W)			
5.	Number of credits earned which apply to the degree: o	ut of a total of			
6.	Estimate the number of credits needed to fulfill your degree	requirements:			
 Plan end date - when student will be in good academic standing for continued aid eligibility: (must be included) 					
Academic Advisor or Dean of Academic Advising's' Recommendation:					
	Constant Production				
This section requiremen realistic, ac SAP.	Semester Benchmarks: In must be completed. These benchmarks must either get the state within the semester, or in a case where it is mathematically chievable, and ascending benchmarks that ensure the student mester GPA:	impossible to meet SAP; be			
	mester GPA: mber of credits to successfully complete:				
Academi	ic Advisor or Dean of Academic Advising Signatu	ire			
have met	with the above-named student to complete an Academic Plan	n and the SAP Academic Summary.			
Advisor's I	Name:	Date:			
Email:	Phone:				