



OFFICE OF FINANCIAL AID

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2025-2026 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 Name: _____ Dickinson ID: _____

Email: _____ Phone: _____

SAP Appeal Instructions:

- 1. Per federal regulations, only appeals documenting specific circumstances will be considered for approval. Please select the reason for your appeal below:**

- ☐ Military deployment, required training, or change in orders.
- ☐ Serious medical condition or death in the family.
- ☐ Severe personal or family problems.
- ☐ Financial or personal catastrophe.
- ☐ Other (please provide more details in your letter).

2. **Submit a detailed letter describing the extenuating circumstances that prevented you from meeting SAP standards. This letter must include the following:**
 - a. A detailed explanation (with dates) of the reason you did not meet academic progress.
 - b. How the reason/situation/experience was resolved and remedied.
 - c. The resources you will be utilizing to reach the necessary benchmarks established by your advisor 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 Success Plan (ASP) signed by your Academic Advisor or the Dean of Academic Advising in addition to completing the required academic summary below.**
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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: _____

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 _____ / attempted _____ = _____ % completion rate
4. Number of incompletes (I) _____ & Number of withdrawals (W) _____
5. Number of credits earned which apply to the degree: _____ out of a total of _____
6. Estimate the number of credits needed to fulfill your degree requirements: _____
5. 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:

Upcoming Semester Benchmarks:

This section must be completed. These benchmarks must either get the student to meet all SAP requirements within the semester, or in a case where it is mathematically impossible to meet SAP; be realistic, achievable, and ascending benchmarks that ensure the student is progressing towards meeting SAP.

1. Semester GPA: _____
2. Number of credits to successfully complete: _____

Academic Advisor or Dean of Academic Advising Signature

I have met with the above-named student to complete an Academic Plan and the SAP Academic Summary.

Advisor's Name: _____ Date: _____

Email: _____ Phone: _____