Sample SAP Appeal Self-Attestation Form

Please check off the circumstances beyond your control that prevented you from maintaining Satisfactory Academic Progress (SAP). If available, attach supporting documentation to your circumstances. **If you cannot provide documentation, please provide a written explanation below.** If you need additional space, attach typed sheets to this form. The list below does not cover every possible circumstance. If your circumstance is not captured in the reasons below, please indicate "other" and specify the reason.

- ❏ Death of a relative or other significant person
- ❏ Injury or illness, including behavioral health conditions (e.g., mental health or substance use disorder) of the student, a relative, or other significant person
- ❏ Pregnancy or birth of a child
- ❏ Homelessness
- ❏ Loss of childcare
- ❏ Loss or change in employment
- ❏ Loss of access to personal or public transportation
- ❏ Natural disaster
- ❏ Change of major
- ❏ Being a victim of a serious crime, including domestic abuse
- ❏ Other (please specify): _____

If you cannot provide documentation, please provide a written explanation below.
If you need additional space, attached typed sheets to this form.

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Student's Signature: _____ **Date:** _____

Return this form and any additional documentation to [insert email here] or in person at [insert financial aid office information here].