

OFFICE OF FINANCIAL AID

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Satisfactory Academic Progress Appeal

Student's SIS ID:			
Student's Full Name:			
(LEGAL NAME - PRINT)	first	middle	last
Students on Fi	nancial Aid Warning remain	n eligible for financial aid and do n	ot need to submit an appeal.
consideration of extenuating student's ability to meet the the extenuating circumstance	g circumstances (i.e. death of satisfactory academic prog es, how well it is document	of a parent(s) or relative, serious pe ress standards. The outcome of the	ice of Financial Aid when requesting ersonal illness, etc.) that have affected a e review will depend upon the nature of at has demonstrated that he or she is he following:
Satisfactory Acaden	nic Progress Appeal includir	ng your explanation of your circums	stances
•		School's Student Records Office	
If applicable, docur	nentation from third party t	o support your explanation (i.e. let	tter from physician or counselor)
Please answer the following	questions, and attach add	litional pages as necessary:	
1. Provide the term for which	h you are appealing:	Fall (year)	(year)
□ Maximum time fr□ Credit hour comp	ame to complete a course of	our financial aid was suspended. of study	
3. Check the box(es) that ref ☐ Medical Reasons	lect the extenuating circum ☐ Personal Reasons	stances that affected your ability to Academic Reasons	o make SAP.
4. Please provide a detailed provide a detailed explanation			bited you from making SAP. You must
			aintaining satisfactory academic progress st provide a detailed explanation on an
6. By when do you expect to	meet the satisfactory acad	emic progress standards? When do	you expect to finish your degree?
7. What additional informati	on do you wish to share wi	th the Law School Financial Aid App	peals Committee?
appeal my SAP status and th information contained on m	at the decision of the Law S y appeal form and my acad		nd that I have one opportunity per term to hittee is final. I also understand that the e Law School Financial Aid Appeals
Student Signature:			Date: