

## Satisfactory Academic Progress - Appeal

This appeal is for students who have not met the minimum semester credit hours, cumulative and or term grade point and/or maximum time frame requirements of the SAP Policy. This SAP Appeal and any supporting documentation are confidential information and will not be released to any outside department without prior approval.

### SAP Appeal Conditions:

- Your appeal must be submitted no later than the midpoint of the term for which you are currently enrolled.
- The SAP Committee may request additional information.
- All Decisions of the SAP Committee are final.
- If your appeal is approved, financial aid will be reestablished for the present term.
- Allow 2 weeks processing time • Along with this completed request form, you must submit supporting documentation.

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Student Name

Date

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Student ID Number

Phone Number

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Mailing Address

In 500 words or less, please answer the following: What circumstances led to your academic deficiency? How were the circumstances beyond your control?

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In 500 words or less, please answer the following: How is your situation different now than it was before? What steps are you taking to ensure future success in attaining your academic goals?

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**Supporting Documentation** may be submitted via email to [lavila@theseattleschool.edu](mailto:lavila@theseattleschool.edu) or attached to your completed form.

- If a medical condition was part of your explanation, you must submit a letter from your health care provider stating whether you are well enough to return. Do not send us your medical records.
- If your appeal is due to a maximum time frame issue, you must submit documentation from your academic advisor confirming your graduation date and the courses required.
- Other: Submit documentation that proves each factor you have noted as negatively influencing your academic progress.

### Student Acknowledgement

By submitting this form, I certify that the above information is accurate and truthful. If asked, I will provide additional documentation to verify the accuracy of my appeal. Furthermore, I have read and understand the conditions of this appeal.

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Student Signature

Date

### Academic Advisor

The above mentioned student has met with me to discuss his/her academic plan of action.

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Academic Advisor Signature

Date

### Return Form to:

The Seattle School Student Financial Services Office | 2501 Elliott Avenue Seattle, WA 98121 | (206) 876-6117