



- Anaheim Main Campus:** 1126 N. Brookhurst St., Anaheim, CA 92801-1701  
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- Los Angeles Campus:** 2727 W. 6th St., Los Angeles, CA 90057-3139  
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## Satisfactory Academic Progress Suspension Appeal Form

STUDENT NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_\_

APPEAL REASON:  MEDICAL  PERSONAL EMERGENCY  OTHER: \_\_\_\_\_

QUARTER FOR WHICH YOU ARE SUBMITTING AN SAP APPEAL:

WINTER  SPRING  SUMMER  FALL YEAR: \_\_\_\_\_

By signing this form, I am requesting that my aid be reinstated for my next term of enrollment if the appeal is granted.

**Directions:** In addition to this appeal form, you must submit documentation from an objective third party professional to support your appeal statement. These are examples of an objective third party professional: physician, counselor, lawyer, social worker, teacher, religious leader, and death certificate, divorce decree, etc.

\*Please note that family members, friends, and SBU employees are not considered an acceptable third party. If the Third Party Documentation is a letter from a professional (example - doctor, pastor, lawyer, etc.), it needs to be on letterhead and signed with a wet signature.

Please use black or blue ink and writing must be legible. \*If additional space is needed, you may attach an additional typed page to this signed appeal form.

**Describe the extenuating circumstances that impacted your academic performance:**

**Explain, in detail, at least two ways you plan to ensure your future academic success:**

By signing this form, I certify that all the information reported on it is complete and correct. Because this information may affect federal aid eligibility, purposely giving false or misleading information may cause you to be fined up to \$20,000.00, sent to prison or both. I understand any false information may be cause for the denial of my appeal.

**Your signature must be handwritten; typed and electronic signatures are not accepted.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_