

**FINANCIAL AID
SATISFACTORY ACADEMIC PROGRESS
APPEAL FOR REINSTATEMENT**

Email: financialaid@uwa.edu
Fax: 205-652-3847

NAME: _____
 Last First MI

Student ID: _____

 The University of West Alabama (UWA) will take into account any extenuating circumstances which cause students to fail to comply with the minimum standards of Satisfactory Academic Progress (SAP) to receive financial aid. Extenuating circumstances are situations beyond the student's control which caused them to fail to meet the minimum standards, such as severe illness or injury to the student, death of an immediate family member, acts of nature, or other mitigating factors. Students must be capable of removing any SAP deficiency in one term to be approved.

The student's appeal (this form), supporting documentation and academic history will be considered by the Financial Aid Appeals Committee. Once a decision is made, students will receive an official e-mail indicating that their appeal has been approved or denied. The decision of the Financial Aid Appeals Committee is final and is not subject to debate or further appeal. The SAP Policy is available in the UWA General Catalogue online at www.uwa.edu. Students that do not understand this process or the SAP Policy should ask for assistance.

Failure to choose an issue below and failure to not include an adequate explanation, will cause your appeal to be automatically denied.

- _____ Death of a family member (immediate family only - copy of death certificate required)
- _____ Injury or illness (recent or long-term – supporting documentation required)
- _____ Other special circumstance

Students without extenuating circumstances can have their eligibility to receive financial aid reinstated after they complete enough coursework to remove any deficiencies that hinder compliance with UWA SAP standards; **without federal financial aid**.

In the space below, or on a separate sheet indicate the reason(s) why SAP was not attained and plans for completing your degree. **Any supporting documentation (from your doctor, court records, etc.) of the extenuating circumstance(s) should be submitted with this appeal form.**

EXPLANATION OF EXTENUATING CIRCUMSTANCES:

I, hereby, certify and affirm that the foregoing statement(s) are true and correct. I also authorize The University of West Alabama to verify my circumstance(s):

_____ Signed _____ Date

For office use only: ___ Approved ___ Denied _____ Date