

Satisfactory Academic Progress (SAP) Appeal

Name: _____ SSN: _____

Address: _____ Phone: _____

_____ Email: _____

Indicate which term(s) are you requesting aid:

___ Fall 2009 ___ Spring 2010 ___ Summer 2010

- **Explain the circumstances that caused you to fail to make satisfactory academic progress and the reasons for the basis of this appeal.**

- **Describe the actions taken to prevent future recurrence of the lack of satisfactory academic progress.**

- **List or describe other pertinent data, which might affect this appeal.**

- Attach unofficial academic transcripts from all previous institutions attended.
- Attach documentation to support this appeal. Include medical statements, academic records, etc.
- Submit this completed form and documentation to:

Office of Financial Aid

Averett University
420 West Main Street
Danville, VA 24541

Student Certification: *I certify that I have read the SAP Appeal Requirements and that my appeal contains all required documentation.*

Student's Signature _____ **Date** _____