

Financial Aid Office

1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faoupload>



Preparing people to lead extraordinary lives

2020–2021 Satisfactory Academic Progress (SAP) Appeal

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

In order to be reconsidered for financial aid, students who are not meeting the U.S. Department of Education’s Satisfactory Academic Progress (SAP) regulations at Loyola must submit an appeal with all necessary documentation. To view the U.S. Department of Education’s SAP regulations, visit our website: http://www.luc.edu/finaid/responsibilities_progress.shtml

TERM	DEADLINE TO SUBMIT APPEAL
Fall 2020	December 20, 2020
Spring 2021	March 23, 2021
Summer 2021	July 9, 2021

Please note any appeals turned in after the deadline has ended for which you are appealing will not be reviewed

Appeal should include all of the following:

- 1) An attached statement describing the specific reason(s) beyond your control (events and/or circumstances) that directly contributed to the lack of meeting the satisfactory academic progress requirements. Specific dates of the events (in cases of illness, accidents, etc.) should be included. If the reasons for the lack of meeting the academic requirements developed over the course of several terms (or academic years), you should explain all circumstances that have contributed to not meeting the minimum requirements.
- 2) Documentation to support your appeal (e.g. medical billing statement as proof of illness, etc.).
- 3) Signature by academic advisor/faculty mentor confirming a discussion of a plan of corrective action has taken place (see below).

Please list the documents you have attached to support your appeal:

- 1) _____
- 2) _____

For Academic Advisor to complete:

The student and I have developed and reviewed his/her academic plan.

I have met with (name of student) _____ and we have discussed a plan for corrective action regarding her/his academic progress. The written plan is on file in the student’s advisement file.

Advisor Name (please print) _____ Title _____

Signature _____ Date ____ / ____ / ____

Certification Statement:

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form.

Student Signature*

*Typed and digital signatures are not acceptable

Date

1S 2021