



RETURN TO:
 Office of Financial Aid & Scholarships
 Cal Poly Pomona
 3801 W. Temple Ave.
 Pomona, CA 91768-4008
 (909) 869-3700 Phone
 (909) 869-4757 FAX

Name of Financial Aid Applicant (please print)

Last First Middle

Bronco Number: _____

Email Address: _____

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Use this form if you are appealing your financial aid suspension due to not meeting the minimum Satisfactory Academic Progress (SAP) Standards. Failure to complete all sections or submit all documentation will result in a delay in the decision of your appeal. Before completing and submitting this appeal, review the [Cal Poly Pomona Satisfactory Academic Progress \(SAP\) Policy](#) to ensure you understand the necessary requirements.

Lack of knowledge of the SAP Standards will not be grounds for approval of an appeal.

A determination regarding your continued eligibility will be made within 3 – 4 weeks of receiving your appeal.

Section A: REASON FOR FINANCIAL AID SUSPENSION

Indicate the reason(s) for your appeal of your suspension:

- I currently have a cumulative Grade Point Average (GPA) below the minimum required standards and I feel that I have extenuating circumstances.
- I have completed a total number of units that is below the required standards and I feel that I have extenuating circumstances.
- I have exceeded the Unit Cap allowed for my program, and I feel that I have extenuating circumstances.
 My **Expected Graduation Semester** is: _____

Section B: STATEMENT REGARDING SUSPENSION AND STEPS FOR FUTURE SUCCESS

Attach a letter explaining why you did not meet the SAP Standards. Your letter must include all of the following:

1. Explanation of the extenuating circumstances that directly impacted your ability to meet the minimum SAP Standards (illness, injury, etc.).
2. Description of the steps you have taken to address/improve your academic performance (using a tutor, medical assistance, counseling, etc.).
3. Where applicable, attach documentation to support your appeal (situations of illness, injury, etc.).

Section C: TIMETABLE OF REMAINING COURSEWORK FOR PROGRAM COMPLETION (Only required if you exceeded the Unit Cap)

All students submitting an appeal due to exceeding the unit cap must also submit a timetable indicating all remaining required courses in their academic program. Any extension of financial aid eligibility will be limited to only those courses that are **required** to complete your academic plan/degree.

Section D: REVIEW AND SIGN

I understand that I am requesting an appeal for continued financial aid eligibility. The information and documentation provided as part of my appeal is true, complete, and accurate. I authorize the Office of Financial Aid & Scholarships to verify any of the information submitted.

STUDENT SIGNATURE: _____ **DATE** _____