

beginning of this form.

## Second Satisfactory Academic Progress Appeal Form

| Student Name   |   |   |  |  | LMU ID                               |                                     |                             |                                   |                                |                               |           |
|--|---|---|--|--|--------------------------------------|-------------------------------------|-----------------------------|-----------------------------------|--------------------------------|-------------------------------|-----------|
| You were place<br>requirements. You<br>are on Financial<br>requirements/di<br>Aid Satisfactory | ou provided a SA<br>I Aid Satisfactor<br>Id not meet the  | AP appeal and a<br>y Academic Pro<br>academic plan i  | n academic plan<br>ogress (SAP) sta<br>requirements se                             | prior to be<br>tus of "2DE<br>t by your ac | ing placed on NY" because ademic adv | on your fi<br>se you d<br>isor. You | irst Fin<br>id not<br>may s | nancial Ai<br>meet th<br>submit a | id Proba<br>ne minir<br>Second | ation. Y<br>mum S<br>I Financ | ou<br>SAP |
| I am submitting t  | this Second SAP   | Appeal Form to  | regain financial   | aid eligibility                            | y for the ser                        | nester in                           | dicate                      | d below:                          |                                |                               |           |
|  | Fall(Year)  | _ Spring .  | (Year)   | ] Summer _                                 | (Year)                               |                                     |                             |                                   |                                |                               |           |
| Federal regulation appeal contain the  |   |   | ıly 1, 2011, requ  | ire that you                               | ır Financial                         | Aid Satis                           | sfacto                      | ry Acade                          | mic Pro                        | gress                         |           |
| plan. Your s<br>should provi   | econd appeal can<br>ide details on wha                    | not indicate the s<br>t was "new" and                 | satisfactory aca<br>same reasons why<br>"different" when<br>ry academic prog       | you did not i<br>compared to               | meet minimu<br>your first ap         | ım SAP re<br>peal.                  | quirem                      | nents in yo                       | our first a                    | appeal.                       | You       |
| It is important t<br>semesters, you r<br><b>be sufficient for</b><br>grades that will a        | nust explain the our consideration                        | circumstances<br>on of your appe                      | for each term. <b>G</b><br>al. Your academ   | eneralized s<br>nic plan mus               | <b>statements</b><br>t recommer      | <b>covering</b><br>nd course        | <b>multi</b><br>work        | iple seme                         | esters w                       | vill not                      |           |
| SECTION 1: SA  | ATISFACTORY A   | CADEMIC PRO   | GRESS  |  |                                      |                                     |                             |                                   |                                |                               |           |
| Your appeal show requirements as outlined below:   |   |   | -  | _  | -                                    |                                     |                             | -                                 |                                |                               |           |
| • Maint  | taining Satisfact   | ory Academic P  | rogress for Unde   | ergraduate a                               | and Post Ba                          | ccalaure                            | ate                         |                                   |                                |                               |           |
| • Maint  | taining Satisfact   | ory Academic P  | rogress for Grad   | <u>uates</u>                               |                                      |                                     |                             |                                   |                                |                               |           |
| SECTION 2: RE  | EQUIRED DOCU  | MENTATION   |  |  |                                      |                                     |                             |                                   |                                |                               |           |
| Please attach t  | the following REC   | λUIRED docume   | entation.  |  |                                      |                                     |                             |                                   |                                |                               |           |
| will need to<br>and provide<br>required <i>So</i>  | o schedule an ap<br>e the tools you r<br>atisfactory Acad | pointment with<br>need to meet the<br>emic Progress A | must include a con your academic of minimum finar ppeal Advisor Formation/forms/). | advisor who<br>ncial aid sati              | will assist y<br>sfactory aca        | ou in ma<br>demic pr                | pping<br>ogress             | your edu<br>s standar             | icationa<br>ds. The            | al goal                       |           |
|  | g Documents: It<br>ort the circumsta                      |   | ant to attach sup<br>opeal.  | porting do                                 | cuments, su                          | ıch as a do                         | octor's                     | note or                           | accider                        | nt repo                       | rt,       |
| $\square$ standards  | moving forward  | l. Your statem  | vour circumstan<br>ent should addr<br>ess when compa                               | ess (1) the '                              | "new" and "                          | different                           | reas                        | on(s) wh                          | ny you h                       | have no                       |           |

the satisfactory academic progress requirements by the end of your next term of enrollment, as noted at the



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| Student Name |  | LMU ID |  |   |  |  |  |
|--------------|--|--------|--|---|--|--|--|
| SECTION      | 3: CONDITIONS OF APPEAL  |        |  |   |  |  |  |
|              | ead and sign below. Your signature indicates your understa<br>all information reported on this form and any attachment | _      |  | • |  |  |  |

- I understand that if my appeal for reinstatement is APPROVED, I will be placed on my second and final Financial Aid Probation.
- I understand that if my appeal for reinstatement is APPROVED, my status will be reviewed after the conclusion of the term for which I am appealing, as indicated at the beginning of this form. If I meet the minimum SAP requirements during this review, I will be removed from Financial Aid Probation.
- I understand that if I meet the requirements of my academic plan for one term, but do not meet the minimum SAP requirements, I will be required to submit an updated academic plan from my advisor and will continue on Second Financial Aid Probation. Once I meet the minimum requirements for one term, I will regain my financial aid.
- I understand that if I DO NOT meet the requirements of my academic plan, I will be denied further financial aid until I meet the minimum SAP requirements. If I continue as an active student, I may continue enroll via payment plan or alternative financing. If I later meet minimum SAP requirement for one term, I may request to be reinstated to receive financial aid.
- I understand that I am permitted to submit a financial aid satisfactory academic progress appeal only once in regards to a change of major.
- I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed and student disciplinary action may be taken.
- I understand that if my appeal is NOT APPROVED, I will be denied further financial aid until I meet the minimum SAP requirements. If I continue as an active student, I may continue enroll via payment plan or alternative financing.

Your appeal will be reviewed once you submit both the Second Satisfactory Academic Progress Appeal Form and the Satisfactory Academic Appeal Advisor Form. The deadline for submitting the SAP appeal is three weeks before Fall and Spring Semesters end, and two weeks before each summer session ends. Review the academic calendar for the last day of instruction to ensure timely submission. Late submissions cannot guarantee financial aid.

| Student Signature | Date |
|-------------------|------|

## **How To Submit This Form**

Mail: LMU Financial Aid

1 LMU Drive, Suite 270 Los Angeles, CA 90045

Phone: 310.338.2753
Fax: 310.338.2793

The Department of Education requires that documents containing personally identifiable information (PII) must be transmitted through secure means. This form cannot be submitted via email. You may mail or fax this form to the address or fax number listed to the left, or you may submit it as a PDF through our Secure Upload page available at financialaid.lmu.edu/upload

For Office Use Only: RRAAREQ - APSAP2 at R Etrieve - SAP Appeal

FAO Staff Initial\_\_\_\_\_\_ Date:\_\_\_\_\_