

# INSTRUCTIONS FOR COMPLETING THE FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL FOR MAXIMUM CREDITS ATTEMPTED

## WHY YOU WERE DENIED

- *Your financial aid eligibility is limited to a maximum number of credits attempted based on your stated degree or certificate objective. Your financial aid eligibility was suspended because you have now reached or exceeded the maximum number of credits allowed. The attached forms are to be completed if you wish to request that your financial aid be reinstated.*

## BEFORE SUBMITTING YOUR APPEAL

- You must have completed a Free Application for Federal Student Aid (FAFSA) for the semester you are requesting reinstatement of financial aid.
- You must be an admitted, degree-seeking student at Idaho State University.
- You must be registered for the semester you are requesting reinstatement of financial aid.

## SUBMITTING YOUR APPEAL

- Complete all sections of the appeal form.
- Meet with your academic advisor or College of Technology counselor to complete your Satisfactory Academic Progress Degree Plan. The degree plan must be signed and approved by your advisor.
- Academic students should meet with the advisor of record or the Dean of their college.
- College of Technology students should meet with a counselor in Student Services or program instructor in the College of Technology.
- Be registered for the appropriate classes, as listed on your Satisfactory Academic Progress Degree Plan, for the semester you are seeking reinstatement of your financial aid.
- Return your completed appeal form and degree plan to: Office of Financial Aid, 921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077 or fax to (208)282-4755.
- **DEADLINE:** If you are enrolled for a full semester, you must submit your completed appeal no later than the Friday of mid-term week of the semester for which you are requesting reinstatement of your financial aid. If you are enrolled for less than a full semester (i.e. summer session), you must submit your appeal by the midpoint of your enrollment period.

## AFTER YOU SUBMIT YOUR APPEAL

- You will receive an E-mail to your ISU E-mail address regarding the decision on your appeal.
- You may be required to meet with the Financial Aid Appeal Committee. If required to meet with a committee, you should schedule an appointment immediately. In the committee meeting, you will be given an opportunity to explain your appeal further and to submit additional information. The Appeal Committee will make the final decision to approve or deny your appeal. You will be advised in writing of all decisions related to your appeal.

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**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

FORM SAPCAT - IDAHO STATE UNIVERSITY  
SATISFACTORY ACADEMIC PROGRESS  
MAXIMUM CREDITS ATTEMPTED APPEAL

18-19

SAPCAT-19

You have been denied financial aid because you did not meet the satisfactory academic progress requirements. To request reinstatement of your financial aid, you must submit this completed appeal form along with your approved degree plan to:

Office of Financial Aid, Idaho State University, Museum Building, Room 337  
921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077  
Phone: (208)282-2756 Fax: (208)282-4755 Email: [finaidem@isu.edu](mailto:finaidem@isu.edu)

University Place, Bennion Student Union Building, Student Services Office  
1784 Science Center Dr, Idaho Falls, ID 83402 Phone: (208)282-7704

\*Student Name: \_\_\_\_\_  
(Use blue or black ink) Last First M.I.

\*ISU ID: \_\_\_\_\_ \*Last 4 Digits of Social Security #: \_\_\_\_\_  
(Find under Academic Tools tab on [BengalWeb](#))

Address: \_\_\_\_\_  
\*Required Street City St Zip

**YOU MUST COMPLETE ALL ITEMS:**

- For which semester are you requesting financial aid reinstatement? (mark only one):  
Fall Semester 2018 \_\_\_\_\_ Spring Semester 2019 \_\_\_\_\_ Summer Session 2019 \_\_\_\_\_
- What is your current degree or certificate objective? \_\_\_\_\_  
Major Degree  
**What is your anticipated graduation date?** \_\_\_\_\_ (Month/Year)
- Please attach an explanation of why you have reached or exceeded the maximum credits attempted allowed for your degree or certificate.
- Please attach an explanation giving specific information about how you plan to complete your degree or certificate. Provide the number of semester needed to complete your degree or certificate.
- Please attach a completed **Satisfactory Academic Progress Degree Plan** which has been signed and approved by your advisor and register for only the approved classes listed for the reinstatement semester checked above on the approved degree plan.

**CERTIFICATION AND CONTRACT:**

I certify that all of the information reported is complete and correct. I understand that I may be asked to provide additional documentation, if needed. I understand that any false information could result in denial, reduction, and/or required repayment of financial aid. If my appeal is approved, I agree to pass all of the classes outlined on my advisor-approved degree plan for the appealed semester with a 2.00 semester GPA (3.00 for graduate students). **I cannot deviate from or change the approved Satisfactory Academic Progress Degree Plan without approval from the ISU Office of Financial Aid and my advisor.** I understand that I cannot change my advisor-approved class schedule for the appealed semester after the 10<sup>th</sup> day of classes. I understand that the final semester listed on the degree plan is the last semester I can receive financial aid for this degree.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FORM SAPAP - IDAHO STATE UNIVERSITY 18-19**  
**SATISFACTORY ACADEMIC PROGRESS DEGREE PLAN**

**PURPOSE:** You have been denied financial aid because you have not met the financial aid satisfactory academic progress requirements. In order to evaluate if federal financial aid can be reinstated, the ISU Office of Financial Aid must verify the exact credit and course requirements needed to complete the stated degree or certificate. Please return this completed form with applicable attachments to:

**Office of Financial Aid, Idaho State University, Museum Building, Room 337**  
**921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077**  
**Phone: (208)282-2756 Fax: (208)282-4755 Email: [finaidem@isu.edu](mailto:finaidem@isu.edu)**  
**University Place, Bennion Student Union Building, Student Services Office**  
**1784 Science Center Dr, Idaho Falls, ID 83402 Phone: (208)282-7704**

\*Student Name: \_\_\_\_\_  
 (Use blue or black ink) Last First M.I.

\*ISU ID: \_\_\_\_\_ \*Last 4 Digits of Social Security #: \_\_\_\_\_  
 (Find under Academic Tools tab on BengalWeb)

\*Major: \_\_\_\_\_ \*Degree or Certificate: \_\_\_\_\_  
 \*Required (e.g., BS, BA, etc.)

**Student:** In order to determine how many additional semesters of Financial Aid you need to graduate, complete this form by identifying all remaining requirements (general education, major, minor, electives, upper division, etc.). With the help of your department faculty member, identify the semester in which you plan to take the course. Be sure to bring a copy of your transcript with you when meeting with your faculty advisor or College of Technology counselor.

**Faculty Advisor or College of Technology Counselor:** Please identify in which semester the student should take each course. After this degree plan is completed, please review and sign it verifying that all remaining credits and specific classes needed for the student to graduate are included or for a freshman or sophomore, two years of classes are included. Please make sure only those classes necessary to graduate are listed.

**Anticipated Graduation Date:** \_\_\_\_\_

Semester: _____ Year: _____			Semester: _____ Year: _____			Semester: _____ Year: _____		
Course	Title	Credits	Course	Title	Credits	Course	Title	Credits

Semester: _____ Year: _____			Semester: _____ Year: _____			Semester: _____ Year: _____		
Course	Title	Credits	Course	Title	Credits	Course	Title	Credits

**Attach additional pages if necessary.**  
***I have met with this student and verify the classes listed here are needed to graduate in the identified major.***  
 I confirm that only those classes necessary to graduate are listed.

Advisor Name (print): \_\_\_\_\_ College: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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