

**FORM SAPRV - IDAHO STATE UNIVERSITY  
SATISFACTORY ACADEMIC PROGRESS  
REQUEST FOR REVIEW**

18-19

**SAPRV-19**

To be eligible for financial aid at Idaho State University, a student must meet the requirements outlined in the Satisfactory Academic Progress Policy. If you have been denied financial aid because you did not meet the credit hour and/or grade point average requirements, you may regain your eligibility by making up the deficiency in credit hours completed and/or required GPA using your own resources. See instructions below. 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)**

\*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

**INSTRUCTIONS:** If you were previously denied financial aid and have attended ISU since using your own resources, and are now meeting Satisfactory Academic Progress requirements OR you have had grade changes which now bring you into compliance with Satisfactory Academic Progress requirements, please complete the remainder of this form. Your satisfactory academic progress record will be reviewed and you will be notified in writing of the results of this review. Please allow two to four weeks for processing of this request.

**IMPORTANT: Do not use this form if you were denied because you have reached the maximum number of credits attempted or did not meet the terms of your financial aid contract or did not pass at least one class during a semester when you received federal financial aid. Any of these situations require you to file an appeal.**

Briefly explain why you are submitting this request (attach documentation and additional sheets, if necessary):

**CERTIFICATION:** The person signing below certifies that all of the information reported is complete and correct.

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

**OFFICE USE ONLY**

Action Taken:	Entered log:	Yes ___	No ___
Approved ___ Denied ___	Cleared Denial/Holds:	Yes ___	No ___
Reason:	Notify student: _____		
Signature/Date: _____			