



Student Financial Services
 1837 University Circle
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 Cheyney, PA 19319

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Satisfactory Academic Progress (SAP) Appeal for Exceeding Maximum Time Frame 2019-2020

Students who have been disqualified from receiving financial aid due to exceeding the 150% maximum time frame may appeal that decision by completing this SAP Maximum Time Frame Appeal. Your appeal must contain a description of the extenuating circumstances which led to the need for you to exceed the 150% limit without completing your program.

Complete this form and attach documentation to support your appeal. Submit your appeal to the Office of Financial Aid. Appeals are due within four (4) weeks of the date of your ineligibility notification. Late submissions may jeopardize your financial aid. The SAP Appeals Committee will review your written statement, degree plan, and academic transcript. You will be notified via email of the decision by the Appeals Committee. ***Incomplete appeals will delay the decision and not be reviewed until all documents are received.***

Name _____ ID# _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Program of Study: _____ E-mail _____

Complete the following information:

Number of credits required for program of study: _____ Expected graduation date (month/year): _____

Number of credits you have remaining to complete the program: _____ (Provide documentation listed below.)

Number of credits you have attempted (credits taken at CU and transfer credits): _____

Attach the following documents to this Appeal Form:

1. Copy of your Cheyney University degree audit that documents courses needed to complete the program and courses completed along with your academic advisor's signature.
2. A written statement, signed and dated, explaining your circumstances. You must prove that the circumstances affecting your ability to perform academically have changed and thus you will have the potential to improve your performance in the upcoming term. Lack of information will result in a delay of an appeal review, or may result in a denial of your appeal. If there were problems with your physical or other health related issues that played a role in your circumstances, please attach supporting documentation from a doctor, counselor, or hospital.

NOTE: In some instances, appeal decisions may not be finalized prior to the start of classes; you should plan on making payment arrangements with the Bursar's Office to avoid the risk of class cancellation.

My signature below certifies the validity of the information contained on this form and all attachments. It also authorizes the Office of Financial Aid to verify any information submitted.

Student Signature _____ Date _____

Note: Digital Signatures will not be accepted

----- **OFFICE USE ONLY BELOW THIS LINE** -----

APPEAL DECISION: APPEAL APPROVED.
 Total credits earned: _____
 Additional required credits: _____

APPEAL DENIED Reason: _____

More Information Needed (See notes below.)

Comments: _____

Financial Aid Staff/FA Director's Initials: _____

Date of Decision: _____