



The freshman/sophomore UW campuses  
OFFICE OF STUDENT FINANCIAL AID

## SATISFACTORY ACADEMIC PROGRESS SECOND LEVEL FINANCIAL AID APPEAL FORM

COMPLETE ALL FIVE STEPS

### Step One: Student Data Section

Student's Name (PLEASE PRINT CLEARLY): \_\_\_\_\_

ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Last Term of Enrollment: \_\_\_\_\_ Did you receive financial aid?  yes  no

Component of SAP not met:  GPA  Completion Rate  
 Maximum Time Frame (90 credits)  Non-Degree Time Frame (30 credits)

**The Second Level Appeal** is to be utilized by students who were denied an appeal by the campus. This is used when the student has further information for consideration that was not presented to campus staff or feels he or she was not fairly treated in the initial appeal. This is also used when appealing for a maximum timeframe hold.

### Step Two: Personal Statement

Please answer the following questions. Use a separate sheet of paper, a one sentence response is not acceptable. *This information will remain confidential.*

1. Explain the extenuating circumstances that prevented you from meeting the minimum credits and/or cumulative GPA required for maintaining financial aid eligibility. Include relevant dates.  
If you are appealing a maximum timeframe hold please address the overall deficiencies in your entire academic record.
2. Indicate what circumstances have changed that will allow you to maintain financial aid eligibility for the requested and future term. What changes have you made to ensure that you will successfully completing the required credits and/or GPA needed to maintain satisfactory progress in the future? If you are appealing a maximum timeframe indicate what classes you need in order to complete your degree and what your plan is to complete those classes. If you are appealing a maximum timeframe indicate what classes you need in order to complete your degree and what your plan is to complete those classes.

### Step Three: Documentation

Provide third-party documentation on professional letterhead to support your appeal. A Third-party is someone not related (clergy, social worker, case worker, counselor, doctor) who is familiar with situation and can support the reason for appeal. Examples of appropriate documentation are on the back of this page. Documentation should include relevant dates. Documentation should also state whether the problem been resolved and give a professional opinion regarding student's ability to return to school. *See page two for more information.*

**Step Four: Credit Evaluation (For Maximum Timeframe Appeals Only)**

If you are appealing a maximum timeframe meet with your academic advisor to complete a credit evaluation or degree audit. Attach the evaluation to this appeal.

**Step Five: Certification**

I attest that all information is complete, true and accurate.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Return form, statement and supporting documents to UW Colleges Student Financial Aid Office,  
780 Regent Street, Suite 130, Madison, WI 53715-2635.**

**SATISFACTORY ACADEMIC PROGRESS APPEAL DOCUMENTATION**

Circumstance		Documentation
Work Related	Required overtime, required schedule change	<ul style="list-style-type: none"> <li>Letter from employer including effective dates(s) and whether the increase in hours was mandatory</li> </ul>
	Reduced hours resulting in increased childcare need, layoff, job loss	<ul style="list-style-type: none"> <li>Letter from employer</li> <li>Separation letter</li> </ul>
Medical Condition	Serious Illness or change in health status	<ul style="list-style-type: none"> <li>Letter stating doctor advised period of home rest</li> <li>Record of doctor visits</li> </ul>
	Surgery/Hospitalization	<ul style="list-style-type: none"> <li>Letter stating doctor advised period of recovery</li> <li>Record of doctor visits</li> <li>Hospitalization records</li> <li>Copies of medical bills documenting illness/injury</li> </ul>
	Mental Health Issue	<ul style="list-style-type: none"> <li>Letter from doctor, therapist or counselor</li> </ul>
	Dental emergency	<ul style="list-style-type: none"> <li>Record of dental visits</li> <li>Letter from dentist</li> <li>Letter stating dentist advised period of recovery</li> </ul>
Student's Children	Child's Medical Condition	<ul style="list-style-type: none"> <li>Records from daycare/school that child was required to be kept home (Include in appeal the reasons that alternative care was not available and what the plan is if this should occur in future.)</li> <li>Records from doctor visits</li> <li>Letter stating doctor advised period of recovery</li> <li>Hospitalization records</li> </ul>
	Daycare Issue	<ul style="list-style-type: none"> <li>Letter from former daycare provider</li> <li>Letter from new daycare provider</li> </ul>
Additional Circumstances	Death of a loved one	<ul style="list-style-type: none"> <li>Obituary</li> <li>Funeral program</li> <li>Letter from counselor</li> </ul>
	Eviction	<ul style="list-style-type: none"> <li>Eviction notice</li> <li>Letter from transitional housing program</li> </ul>
	Assault/Domestic Violence	<ul style="list-style-type: none"> <li>Police report</li> <li>Court documentation</li> <li>Letter from clergy, social worker, counselor, doctor</li> </ul>

**Please provide any additional documentation that supports your appeal.**

**Note:** Letters from medical professionals should also state whether the problem has been resolved and give a professional opinion regarding student's ability to return to school.