



Hannibal-LaGrange University

**Financial Aid Satisfactory Academic Progress (SAP)
Appeal Form**

Student Last Name:		MI:	First Name:
Student ID:	DOB:	Phone Number:	

Appeal Guidelines

Review the Satisfactory Academic Progress (SAP) Policy and Appeal Process outlined at <https://www.hlg.edu/wp-content/uploads/2025/03/Satisfactory-Academic-Progress-Policy.pdf> to determine if you are eligible to appeal for federal financial aid. If you wish to be considered for reinstatement of federal financial aid, you must submit this form, your written appeal letter and any supporting documentation.

Section 1: Student Information

- Have you previously submitted a SAP appeal? Yes ☐ No ☐
- Academic Year and semester for which you are requesting an appeal:

Year: _____ Semester: Fall ☐ Spring ☐ Summer ☐

Section 2: Reinstatement Request Type

Please indicate which situation applies to your academic difficulty:

- ☐ **Medical:** If a personal medical problem contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.
- ☐ **Death/Illness:** If the death or illness of an immediate family member contributed to your lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary etc.
- ☐ **Military Service:** If you have withdrawn due to military service, provide documentation.
- ☐ **Other Circumstances:** Please clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation.

Note: *Circumstances related to the typical adjustment to college life such as working while attending school, financial issues related to paying bills and car maintenance/travel to campus, are not considered as extenuating for purposes of appealing suspension of financial aid.*



Section 3: Appeal Results Student Acknowledgments

•If my appeal is DENIED, by signing below I understand that decisions are processed on a case-by-case basis and the committee may deny any SAP appeal. I also understand that the decision of the appeal committee is final.

•If my appeal is APPROVED, by signing below I recognize that I am expected to make academic progress.

•I understand that if I do not meet these requirements I will be ineligible to receive financial aid and will be responsible for payments toward my student bill until I meet the satisfactory academic progress standards.

Signature: _____ Date: _____

Keep a copy for your records.