

FINANCIAL AID & SCHOLARSHIP OFFICE

208.732.6250 • www.csi.edu/financialaid

Satisfactory Academic Progress (SAP) Appeal

Last Name	First Name	Student ID#
Phone Number		Date of Birth
This is my first appeal I am on suspension for (chec		led a suspension (semester/year) npletion Rate
You may appeal for reinstate difficulties. Extenuating circuimmediate family, hospitalizar requested information will re*Note* Appealing SAP is a twenty of the following of the	ment of financial aid only if there mstances are those which the studetion, and accidents. Please read of esult in a denial of this appeal due vo-step process. If it is in a signed statement explaining your difying your claim. If it is in the commentation and statements mot meet SAP. What changes have occurred that woopies of third-party verification of	were extenuating circumstances which led to your academic dent has no control over and may include death in the student's over the entire appeal form carefully, failure to provide the to a lack of sufficient information. The extenuating circumstances along with third party over entire the dates that you were enrolled at CSI to which will enable you to now meet SAP requirements.
		on. In order to help the committee process your appeal, please wing three questions. Please attach a separate sheet of paper if
2. What is your antici	nt degree or certificate objective? pated graduation date? gyour current degree or certificate	e, what are your career goals?
an academic plan in MyCSI. It	the appeal committee, you will be t will be required that your plan is	e notified via email and you will be granted access to complete approved by your academic advisor and the Financial Aid Office during that you meet with your academic advisor to assist in setup of
-	denied you will be responsible for	umstances and/or documentation is invalid your appeal will be paying any tuition and fees in full or making payment
tuition and/or fees may resul	rrangements in full, on time, rega	esponsibility to be aware of all the CSI deadlines. I am responsible rdless of financial aid or this appeal form. Failure to pay my classes being dropped. I am responsible for any late fees or time.
Student Signature:		Date