



Doctor of Osteopathic Medicine
Satisfactory Academic Progress Appeal Form

Directions: This form is used for Grants, Scholarships, Loans, Work Study, and Tuition Waivers. Federal regulations require the Office of Financial Assistance to monitor the academic progress towards earning a degree for students receiving financial aid and certain exemptions/waivers. For this reason, your satisfactory academic progress (SAP) for financial aid is evaluated to verify that you have met all SAP standards. If you fail to meet the SAP standards, you must complete this appeal form to be reconsidered for financial aid or waiver eligibility. Please be aware, this appeal is for financial assistance only and has no bearing on your academic standing

STEP 1: REVIEW _____

Review the Satisfactory Academic Progress Policy, [UIW School of Osteopathic Medicine Student Handbook](#) and your Student Progress Committee Letter to view the requirements to maintain financial aid eligibility.

STEP 2 : PERSONAL STATEMENT _____

Attach a typed personal statement. It is assumed that you are dependent on financial aid. Please do not discuss your need for financial aid as this is not grounds for approval, you must demonstrate that you understand the SAP policy and academic requirements for aid.

You must address the following sections listed below in your typed letter and provide related supporting documentation:

1. Provide details regarding the situation(s) that prevented you from maintaining Satisfactory Academic Progress during the last evaluation period. (Examples: extenuating medical/personal issues, change in field of study, dual major, transferred hours not counted, Covid 19 related issues, etc.)
2. How has your situation changed so that it will allow you to demonstrate Satisfactory Academic Progress during the next evaluation period? (Examples: attending tutoring, adjusted work schedule, reduction in course schedule, etc.)

STEP 3: ACKNOWLEDGEMENT _____

By signing below, I confirm:

1. I have read and understand the Satisfactory Academic Progress policies.
2. I understand that I must follow the requirements listed in my Student Progress Committee Letter.
3. All statements written in conjunction with my appeal are true and complete to the best of my knowledge.
4. I understand that submission of this appeal does not guarantee reinstatement of my financial aid eligibility.
5. I understand that if I fail to meet the SAP and/or SOM Student handbook requirements that I may lose my eligibility for financial aid.

Student Signature: _____ **Date:** _____