

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center – buffalo.edu/financialaid/manage/forms/document-upload. Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name. **All Financial Aid Forms require your legal name.**
- Fax to 716-645-6566 • By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

First Name: _____ Last Name: _____ Person Number: _____

Instructions

Please read this appeal form and instructions carefully as appeals submitted with incomplete or missing documentation will result in an automatic denial. More information on the University at Buffalo's Satisfactory Academic Progress (SAP) policy can be found here: <https://www.buffalo.edu/financialaid/manage/sap.html>

Complete the appropriate sections of the appeal form and submit by the corresponding deadline.

Summer deadline: July 11

Fall deadline: November 14

Spring deadline: April 17

Section 1: Academic Summary

1. I am requesting an appeal of the loss of Financial Aid eligibility for the following reason(s):

- ☐ **Did not meet Grade Point Average Standard:** GPA is below published standards
- ☐ **Did not meet the Pace Standard:** high percentage of failed or withdrawn courses
- ☐ **Maximum Time Frame:** number of attempted credits exceeds program requirements

2. I am appealing for the following semester:

- ☐ **Summer 2026**
- ☐ **Fall 2026**
- ☐ **Spring 2027**

3. I am currently working towards:

- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Other _____

4. Expected Graduation Date: _____

Section 2: Extenuating Circumstances

Students may appeal the loss of their financial aid due to unusual extenuating circumstances outside of their control. Please indicate which extenuating circumstance(s) best apply to you that caused you to fail SAP standards. Documentation is required for each mitigating circumstance. We may reach back out to request additional documentation or information if insufficient documentation is submitted to make a determination of your appeal.

☐ **Serious illness or injury to the student or immediate family member**

Required Documentation: a signed, dated and legible statement on original letterhead from a health care professional; must include dates of treatment, dates of onset of medical event, opinion as to student's ability to perform academically during term in question, and signature of health care professional. If the serious illness or injury was suffered by an immediate family member, include a signed statement from a counselor or physician pertaining to the impact of family member's medical event on student's ability to do academic work during the term in question.

☐ **Death of immediate family member** (*child, spouse, parents/legal guardian or sibling*)

Required Documentation: obituary or copy of official death certificate, as well as a written statement from an adult family member, physician, or counselor.

☐ **Exceeded the maximum timeframe of the program**

Required Documentation: complete Section 5 of the SAP Appeal Form with your academic advisor, and indicate the reason for why you exceeded the maximum timeframe in your personal statement.

☐ **Other unusual circumstances** (*e.g. military, house fire, crime victim, academic withdrawal, deferred academic dismissal, interpersonal problems, eviction, etc.*)

Required Documentation: dependent on circumstance, but may include police reports, insurance claims, letter(s) from an impartial third party (academic advisor, instructor, counselor, clergy, etc.), paystubs, eviction notices, etc.

Person Number: _____

Section 3: Personal Statement

On a separate piece of paper, in your own words, please provide a detailed, signed, and dated statement of the mitigating circumstances that caused you to fail SAP standards. This letter should include the following information:

1. **Explain what happened** – your letter should include an explanation of the extenuating circumstances you faced that caused you to fail to meet SAP requirements. This should include details such as when the circumstances occurred, and why this kept you from making satisfactory academic progress.
2. **Explain what has changed** – have the circumstances that prevented you from meeting academic standards been resolved?
3. **Develop a plan for success** - describe the corrective actions you have taken to achieve satisfactory academic progress moving forward and ensure future success. If relevant, submit additional supporting documentation from an impartial third party to corroborate the information you provide in your personal statement (ex: letter from counselor, therapist, etc.)
4. **List supporting documentation** – provide a list of documents you are submitting to make the case for your appeal. If you are unable to provide documentation for any of the circumstances which impacted your ability to meet academic standards, please provide a detailed explanation as to why you cannot provide this documentation. Please note that providing the appropriate documentation will give your appeal the best chance of success, and that appeals submitted without documentation are more likely to be denied.
5. **Sign and date your statement** - your personal statement should be relevant to the time period for which you are appealing. Letters dated outside of the appeal window will not be accepted.

Please note: as university employees, we are mandatory reporters and are required to report any violations or alleged violations of Title IX.

Section 4: Statement of Understanding and Signature

Check each box to acknowledge that you have read and understand the terms and conditions:

- ☐ I understand that I must be currently registered for the current term prior to submitting an appeal.
- ☐ I understand that I am responsible for all charges incurred regardless of the SAP Appeal status.
- ☐ I understand that the submission of an appeal does not guarantee approval; and **the committee decision is final**.
- ☐ Reinstatement to the university or an approved academic withdrawal does not guarantee receipt of financial aid.
- ☐ Students admitted on probation will be required to achieve a minimum semester GPA of 2.0 and complete all attempted coursework with no resigned or incomplete grades in their term of entry/re-entry to remain enrolled at UB.
- ☐ I understand that this SAP appeal impacts my federal financial aid eligibility only, and that I will need to appeal separately if I am not meeting the eligibility requirements for other forms of financial aid.
- ☐ I understand that if my appeal is approved, any future SAP appeals for the same extenuating circumstances will be automatically denied.

Student Signature (Cannot be typed)_____
Date

****Skip this section if you have not exceeded the maximum timeframe of your program****

Complete this section only if appealing for Maximum Time Frame (180 Attempted Credits) ** Skip this section if MTF does not apply to you.

☐ Summer ____	☐ Fall ____	☐ Spring ____	
Course		Req.	Cr.
Total Credits			

☐ Summer ____	☐ Fall ____	☐ Spring ____	
Course		Req.	Cr.
Total Credits			

☐ Summer ____	☐ Fall ____	☐ Spring ____	
Course		Req.	Cr.
Total Credits			

☐ Summer ____	☐ Fall ____	☐ Spring ____	
Course		Req.	Cr.
Total Credits			

Academic Advisor Signature

Date _____