NORTH GREENVILLE
UNIVERSITY
Christ Makes the Difference

SATISFACTORY ACADEMIC PROGRESS APPEAL

I. Student Information

_____ _____ _____
Last *First* *Middle*

_____ _____ _____
Street Address *City* *State & Zip*

Current Phone Number: _____
Email Address: _____
Student ID: _____

☐ Traditional ☐ CAPS ☐ Graduate

II. Justification for Appeal

If you believe your academic performance was influenced by unusual or mitigating circumstances *(i.e., illness, accident, or hospitalization; or other family emergencies)*, you have the option to appeal. Documentation must be provided.

All appeals should include a *legible* statement that includes the following:

- Clearly explain how the circumstances prevented you from meeting SAP Standards.
- Provide relevant dates and address semesters in which you demonstrated poor academic performance. Explain how you will be able to meet the SAP Standards in the future.

Please use the following space to write your appeal.

North Greenville University Financial Aid Office P.O. Box 1892 Tigerville, SC 29688
p: 864.977.7056 | f: 864.977.7031 | e: finaid@ngu.edu

II. Justification for Appeal *(continued)*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Student Certification:
I understand that this appeal is subject to review by the SAP Appeals Committee and that approval or denial of this appeal will be based on the information included (and/or attached). **Appeals that are incomplete, illegible, or lack supporting documentation will be denied. I also understand that any financial aid that is currently posted for the semester for which I am appealing will not be applied or disbursed unless this appeal is approved.** I further understand that I may apply for financial aid in anticipation of the approval of my appeal and, if approved, my aid will be awarded based on my eligibility. I will be notified of the results of my appeal via institutional email.

Student Signature: _____ Date: _____

III. Submission Method—Submit all appeals by mail, fax, or email to:

North Greenville University
Financial Aid Office
P.O. Box 1892
Tigerville, SC 29688

Fax: 864.977.7342
Email: finaid@ngu.edu

Office Use Only

Date received by FA: _____

FA Comments: _____
_____
_____
_____

Date sent to Committee: _____

Committee Decision: ☐ Approved ☐ Denied Date: _____

Committee Chair Signature: _____