



Office of Financial Aid
410.951.3636 (Telephone)
SAPappeals@coppin.edu (Email)

SATISFACTORY ACADEMIC PROGRESS APPEAL

Last Name:	First Name:	Student ID#:
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Student may appeal a suspension in writing using this form and answering the questions on this form. **The appeal must be based on mitigating circumstances that prevented you from successful completion of coursework.**

There are three possible outcomes to an appeal of suspension:

1. Removal of the suspension if it has been incorrectly imposed.
2. Granting approval for one semester on a probationary status.
3. Denial of the appeal.

Major: Faculty Advisor: Earned Credits: Cumulative GPA:	Your Current Address: Phone: Email Address:
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For which academic term are you appealing? Fall 20____ Spring 20____ Summer 20____

Your answers to the following questions **must be typed** and attached to this form. All questions must be addressed and supported in your appeal.

1. Please explain in detail what unusual and/or mitigating circumstances caused you to fail coursework.
2. **Attach documentation to support the reason(s) that prevented you from maintaining Satisfactory Academic Progress.**
3. **How has your situation improved to allow you to make satisfactory progress in the forthcoming terms?**

I hereby certify that all the information provided to the Committee is correct. I am aware that any incorrect or withheld information can result in the denial of my appeal and the full enforcement of the suspension.

Student's Signature: _____ Date: _____

PLEASE RETURN THIS FORM, YOUR APPEAL LETTER And SUPPORTING DCOUMENTATION TO THE OFFICE OF FINANCIAL AID - sapappeals@coppin.edu

TIME FRAME: Appeals are reviewed within 10-14 business days of receipt of all required documentation in the Office of Financial Aid