

THE OFFICE OF STUDENT FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL COVER SHEET FOR GRADUATE STUDENTS WITH AP HOLDS

Appeal must be submitted at least one week prior to meeting date

Print your Name and COMPLETE Mailing Address below (please do not leave anything blank).

Name (First, Last) _____ Date _____

Address _____ SF State ID# _____

City _____ State _____ Zip _____ Phone () _____ - _____

Email Address _____

This cover sheet is to be attached to and submitted with your appeal packet.
To be considered complete your appeal packet **must** include the following:

___ **Appeal Letter*** (Must be typewritten or written legibly)
.....

___ **Graduation Plan*** _____ Parts II and III

*****Make copies of your appeal packet for your records prior to submitting it.***
Copies will not be made and returned to you.**
.....

___ **Unofficial Transcript** (Located on MySFSU)

___ **Medical Documentation** (Must address semester where unit deficiency occurred)

___ **Other Documentation** (as specified by counselor) _____

****If any documents are missing or incomplete, your appeal may be returned.****

***Explain in your appeal letter why your circumstances prevented you from complying with the following Academic Progress Policy.**

Academic Progress

- A graduate student with a unit deficiency greater than 6 cannot receive financial aid.

For further information regarding our satisfactory academic progress policy please refer to our website at: <http://www.sfsu.edu/~finaid/sapu.html>

