

## 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 (Last, First) \_\_\_\_\_ 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>**



