

Student Name: _____
Hopkins ID: _____
Expected Graduation Term and Year: _____
Degree & Program of Study: _____

FT Graduate Student
KSAS/WSE
Title IV Financial Aid Recipient
Satisfactory Academic Progress Suspension Appeal

Use this form if you are appealing the loss of your financial aid due to failure to meet the Title IV Financial Aid Satisfactory Academic Progress (SAP) requirements. Complete and attach all additional documentation needed for your appeal. Please return to the Office of Student Financial Services, located in 146 Garland Hall. Appeals must be received at least 2 weeks prior to the start of the next term.

Requirements for Completing the Appeal Process:

- Personal Statement:** Please provide a *typed and signed* statement indicating what went wrong during the preceding semester you were enrolled at Hopkins, what you did (and why) during time away from JHU (if applicable) and what you will do differently at Hopkins to ensure success in the upcoming semester. You must include a semester-by-semester plan for completing your degree requirements (see Academic Improvement Plan form, p. 2).
- Documentation and supporting statements:** Provide documentation for your circumstances (see chart below), including evidence of a changed major/degree program if applicable. Supporting statements from third parties should be on official letterhead and signed.
- Academic Improvement Plan Form:** Work with your faculty advisor and the Dean's Office (KSAS: Renee Seitz, WSE: Christine Kavanagh) To complete the enclosed Academic Plan sheet.

Please indicate the mitigating circumstances that have contributed to your inability to meet SAP. Check any category that applies.	Submit the following supporting documentation based on your circumstances:
<input type="checkbox"/> Serious illness or injury to you or immediate family member	<i>A statement from your physician and explanation of the nature and dates of the illness or injury.</i>
<input type="checkbox"/> Death of an immediate family member	<i>A copy of the death certificate. Include the name of the deceased and their relationship to you.</i>
<input type="checkbox"/> Significant trauma in your life that impaired your emotional and/or physical health.	<i>Include nature and dates of the trauma in your personal statement and provide documentation from a third party (JHU Counseling staff, physician, social worker, psychiatrist, police report, etc.).</i>
<input type="checkbox"/> Other unexpected circumstances: _____	<i>Include the nature of the unexpected circumstances in your personal statement and provide any applicable supporting documentation.</i>

Submit all required materials in a single packet (either by PDF, JPG or hard copy) to the Office of Student Financial Services. Any missing information will delay the review of your request. Your appeal will be reviewed only by the Financial Aid Appeals committee in consultation with your academic advisor. You will be notified of the decision in writing by the Office of Student Financial Services.

CERTIFICATION STATEMENT

I have read the requirements for completing the appeal process and certify that all of the information I have provided is true and complete to the best of my knowledge. If necessary, I agree to provide further proof of the information I have submitted.

Student Signature _____ Date _____

**FT Graduate Student
KSAS/WSE**

**Satisfactory Academic Progress Plan for Improvement
for Suspended Title IV Financial Aid Recipients**

Student Name: _____
Hopkins ID: _____
Expected Graduation Term and Year: _____
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The Title IV Financial Aid Recipient Satisfactory Progress Academic Plan for Improvement must be approved by your faculty advisor and the Dean's Office (KSAS: Renee Seitz, WSE: Christine Kavanagh). Students should meet with their faculty advisor to select planned courses for each term, taking into account all prerequisites and whether a course is fall only or spring only. After the faculty advisor signs off on course selection, the student should bring the form to the Dean's Office (KSAS: Renee Seitz, WSE: Christine Kavanagh) for review and final approval. If you need more room to build the academic plan, attach additional copies of this form.

Reasons for Suspension (check all that apply):

- Student did not meet satisfactory grade requirements (more than 3 unsatisfactory grades)
- Pace of Progress
- Exceeded maximum time to complete degree

Academic Plan for Improvement:

- Appeal due to student not meeting satisfactory grad requirements:** (More than 3 unsatisfactory grades): _____

NOTE: Academic Plan below must be completed if this option has been selected

Term:	Year:	
Courses	Credits	Antic. Grade
Faculty Advisor Only		
Expectations for Improvement		

Term:	Year:	
Courses	Credits	Antic. Grade
Faculty Advisor Only		
Expectations for Improvement		

- Pace of Progress Appeal:** _____

3. Exceeded Maximum Time to Degree Appeal: to graduate with a _____ (degree) in _____ (major), the student must complete _____ additional courses.

Advisor Name (please print)

Advisor Signature Date

Dean's Office (please print)

Dean's Office Signature Date

Student Signature Date