



Financial Aid Office Satisfactory Academic Progress Appeal

Name: _____ Student ID: _____

This SAP Appeal will be reviewed within two weeks of receipt by the Peabody Financial Aid Office. All decisions made by the office will be emailed to your JHU email account. Decisions are final and cannot be appealed.

Please note: if you are currently enrolled and appealing for the upcoming semester, all current semester grades must be reviewed before your appeal decision can be determined.

Appeal Deadline Dates: July 12, 2019

Please refer to our website at <http://peabody.jhu.edu/audition-apply/financial-aid-scholarships/current-students/> for complete information about the SAP process. You should retain this page as a reference.



JOHNS HOPKINS

PEABODY INSTITUTE

Financial Aid Office Satisfactory Academic Progress Appeal

Name: _____ Student ID: _____

I am requesting an appeal for the loss of Financial Aid eligibility for the following semester:

Fall

Spring

I am requesting an appeal for the loss of Financial Aid eligibility for the following reason(s):

- Grade Point Average (GPA) was below published standards
- Higher Percentage of failed, withdrawn, and/or repeated courses
- Number of attempted credits exceeds degree requirements by 150%

I understand I must submit ALL of the following information for my appeal to be considered:

- A typed, one-page letter that explains why I failed SAP
 - Your letter must include what has changed and how to maintain future success
- A copy of your Peabody Institute unofficial transcript
- A completed Academic Plan worksheet
 - It must be signed by your Academic Advisor
- Documentation supporting extenuating circumstances
 - Your supporting documentation should directly relate to your problem semester(s) and support the information provided in your letter.
 - Examples of supporting documentation:
 - if an immediate family member passed away - include a copy of their obituary or death certificate
 - for medical issues (yours or an immediate family member's) - include a completed medical documentation form
 - for an employment situation - include a statement from that employer on company letterhead that describes your situation; it should include their contact information
 - for an auto accident - include a police report and/or a completed medical documentation form

Student Signature: _____ Date: _____



JOHNS HOPKINS

PEABODY INSTITUTE

Financial Aid Office Satisfactory Academic Progress Appeal Academic Plan

Name: _____ Student ID: _____
 Program/Major: _____ Graduate Date: _____ Cum GPA: _____

Complete the following section by listing all the courses you need to take each semester to complete your degree at Peabody (you should begin with your current semester of enrollment i.e.: Fall 2019). You must enroll only in courses necessary to complete your program of study. Attach an additional sheet if necessary.

Semester:		Semester:		Semester:	
Course	Credits	Course	Credits	Course	Credits

Semester:		Semester:		Semester:	
Course	Credits	Course	Credits	Course	Credits

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____



JOHNS HOPKINS

PEABODY INSTITUTE

Financial Aid Office Satisfactory Academic Progress Appeal Medical Documentation Form

Name: _____ Student ID: _____

I am requesting an appeal for the loss of Financial Aid eligibility for the following semester:

Fall

Spring

This **form is required** if you are appealing for one of the following reason (check one):

- Disabling illness or injury to you (student)
- Disabling illness or injury of an immediate family member who require your care
- Emotional or mental health issue that required you to receive personal care

I give permission for my healthcare provider to supply all information necessary to respond to the questions below. I also certify that all information on this form is valid and not falsified.

Student/Patient Signature

Date

All items in the section below must be completed in full by a licensed healthcare provider.

1. Please provide the dates of the student/family member's condition that prevented the student from attending school/completing course work.

From:

To:

2. Briefly describe the condition and how it prevented the student from attending school/completing coursework. Use the back of the page as necessary.

3. In your opinion, is the student able to return to school successfully at this time?

Yes

Recommended level of attendance: Full-time (12+ credits) Part-time (11 credits or less)

No, you do not recommend attendance at this time

Unable to determine at this time

The student/patient will be released on _____ (date).

Name/Address of Healthcare Professional:

Signature: _____

Title: _____ Phone: _____ Date: _____