

Financial Aid Office Federal Satisfactory Academic Progress Appeal

Name: _____ Student ID: _____ Date: _____

If you wish to appeal, please submit this completed Federal Satisfactory Academic Progress (SAP) form with appropriate documentation and an Academic Plan signed by an academic advisor. Federal SAP Appeal are 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.

Refer to our website at <https://peabody.jhu.edu/audition-apply/financial-aid-scholarships/current-students/policies/> for complete information about Peabody Institute’s Federal SAP standards and appeal process. Please note that compliance with the Financial Aid Federal SAP policy is required for and applies ONLY to federal and state aid awards.

I am submitting a Federal SAP Appeal to appeal the loss of Federal and State Aid eligibility for the following semester:

_____ Fall _____ Spring _____ Summer

I understand that I am currently not eligible for federal and state financial aid for not meeting the minimum requirements of the following SAP requirements:

_____ Qualitative Standards – Minimum GPA and/or minimum grades earned not meeting the minimum Federal SAP requirements

_____ Quantitative Standards - Percentage of failed, withdrawn, and/or repeated courses exceeds the minimum Federal SAP requirements

_____ Maximum Time-Frame – Did not graduate within the Maximum Time-Frame, or at this point cannot graduate within the Maximum Time-Frame

FA Federal Requirements for SAP		
Benchmark/Criteria	Undergraduates	Graduate Students
Qualitative Measure - Minimum Requirements		
Cumulative GPA	2.0	3.0
Term GPA	2.0	3.0
Grades In Major/Performance courses <i>(Juries, recitals, lessons & technique classes)</i>	- Minimum grade of B- - No IP grades	- Minimum grade of B- - No IP grades
Other Restricted Grades in a Term	- No Fs	- No Fs
Quantitative Measure - Minimum Requirements		
Cumulative Pace	Earn 67% of credits attempted	Earn 67% of credits attempted
Minimum Term Credits Earned* - Degree Programs	Complete 12 credits	Complete 9 credits
Minimum Term Credits Earned* - Non-degree Programs	n/a	4 credits and one recital
Maximum TimeFrame Requirements		
Maximum TimeFrame	Complete Program within 150% of program length <i>(complete 120 credit program in less than 180 attempted credits)</i>	Complete program within the lesser of 150% of program length, or 5 years <i>(complete 50 credit program in less than 75 attempted credits)</i>
<small>*No minimum Term Credits earned for Summer semesters</small>		

Financial Aid Office Federal Satisfactory Academic Progress Appeal - Continued

Name: _____ Student ID: _____ Date: _____

ALL of the following information which is relevant to my appeal to be considered must be submitted as a part of your Federal SAP appeal. Please note that incomplete SAP appeals will not be reviewed and considered.

- A typed, one-page letter that explains why I failed SAP
 - Your letter must include why you didn't meet the minimum Federal SAP requirements and what you are changing in order to improve your academic outcomes.

- A completed Academic Plan worksheet – completed by you and signed by an academic advisor

- Documentation supporting extenuating circumstances
 - Note that your supporting documentation should directly relate to your problem semester(s) and support the information provided in your letter. Examples of supporting documentation include:
 - Death in the family - Include a copy of the obituary or death certificate
 - Medical issues (yours or an immediate family member's) - include a completed medical documentation form
 - Employment situation - include a statement from that employer on company letterhead that describes your situation
 - Auto accident - include a police report and/or a completed medical documentation form

Student Acknowledgement: By signing below, I certify that all required information and documentation above pertaining to this appeal is attached, and it is accurate and valid. I have read the Peabody Financial Aid Federal Satisfactory Academic Progress policy. I understand the requirements outlined and the steps I must take to improve my academic performance.

Student Signature: _____ Date: _____

Financial Aid Office Federal SAP Academic Plan

Name: _____ Student ID: _____ Cumulative GPA: _____

Program/Major: _____ Expected Graduation Date: _____ Credits Earned to date: _____

Students who wish to appeal Federal Aid Suspended status MUST complete and submit this Academic Plan as a part of the SAP Appeal, in conjunction with an academic advisor. If the appeal is granted, you will be placed on an academic plan below and must achieve with the minimum academic requirements to be met to continue to receive Federal and/or State financial aid funds for another term.

I understand that if my appeal is approved, each semester I will need to meet the minimum requirements below outlined in this Academic Plan:

Minimum Academic Plan Requirements	
Benchmark/Criteria	Requirements
Minimum Term GPA:	
Minimum Term Pace: <i>(% of Term Credits attempted that must be earned)</i>	
Other Requirements:	
<i>Note: Student not meeting the Maximum Time-Frame requirements are required to earn 100% of attempted Term Credits.</i>	

**Please note that for students not meeting the Maximum Time-Frame SAP requirement, all courses attempted must be completed and passed in order to continue eligibility for federal and state aid.*

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 copy of this page if you need more than 4 terms to graduation.

Semester / Year:		Semester / Year:		Semester / Year:		Semester / Year:	
Course	Credits	Course	Credits	Course	Credits	Course	Credits

Student Acknowledgement: By signing below, I agree to adhere to the terms of this plan of action to retain my eligibility for federal and state aid. I have read and understand that failure to follow and meet the terms as outlined in this contract will result in the forfeiture of future federal and state financial aid eligibility.

Student Signature: _____ Date: _____ Advisor Signature: _____ Date: _____

Financial Aid Office Federal SAP Appeal - Medical Documentation Form

Name: _____ Student ID: _____

This **form is required ONLY** 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 HEALTH CARE 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 at this time? Yes No
4. Recommended level of attendance: Full-time (12+ credits) Part-time
 No, I do not recommend attendance at this time
 Unable to determine at this time

I certify that the information provided above is accurate, and it is my professional recommendation based on a review of my patient’s current health status.

Certified Health Care Provider Signature: _____ Date: _____

Title: _____ Phone: _____

Address: _____