



Financial Aid Satisfactory Academic Progress Appeal

Student's Name: _____ USC ID: _____

Use this form to complete your financial aid appeal. You will explain your situation and submit supporting documentation. **All requested documentation must be attached to this form or this appeal will not be accepted. Include the following:**

- ✓ A completed appeal form.
- ✓ A typed Statement. Address all academic terms when you withdrew or experienced academic problems. Explain any mitigating circumstances (such as illness or death in your immediate family). Include all actions you took in effort to meet your responsibilities during the time of your mitigating circumstances. Explain how you have improved your circumstances and how you plan to be academically successful in the future.
- ✓ Documentation. Provide proof that the event you describe occurred (medical records, police reports, death certificates, etc.)
- ✓ Academic Plan (section A *below*) showing the course hours/grades you must complete/earn to graduate with your declared major (or) A Graduation Plan (*this is a separate form*) outlining the courses required for your graduation.

Type of Appeal (check all that apply)

- Grade Point Average (GPA).** If this appeal is based upon your cumulative grade point average, explain why your cumulative GPA is below the required standard.
- Completion Rate.** If the ratio between the number of hours you have completed divided by the number of hours you have attempted is less than 67%, explain any issue you had enrolling and completing courses. Explain why you have earned grades of "W" or "WF" (withdrawal), "I" (incomplete), "F", which has negatively affected your completion rate.
- Timeframe.** If this appeal is because you have exceeded the maximum timeframe for receiving financial aid at USC (150% of your program length), you must complete a Graduation Plan. See your Financial Aid Office for assistance.

Reason for Appeal (check all that apply)

- Medical.** If a medical issue contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.
- Death/Illness.** If the death/illness of a family member or close friend contributed to your lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary, etc.
- Other Circumstances.** Clearly state the circumstances of your appeal (not listed above) and provide appropriate documentation.

Section A: FASAP Academic Plan

In the following table, indicate the number of credit hours in which you intend to enroll and the GPA you will need to achieve to come back within FASAP standards. If this appeal is approved, you may be evaluated each term to ensure you are meeting the plan.

Degree you are currently seeking: _____ Term of Appeal: _____

Term/Year	Plans Enrolled Hours	Planned GPA

Term/Year	Plans Enrolled Hours	Planned GPA

Section B: FASAP Appeal Certification Statement

With my signature I certify that the information I have submitted is true and correct to the best of my knowledge. I have read each section and provided the required documentation explaining why I could not complete my classes and what will be different about the upcoming semester(s). I understand that appeal decisions are processed on a case-by-case basis. If approved, I understand that I will be expected to make academic progress in all future semesters. I have read the FASAP policy. I understand that the completion of this appeal does not constitute an approval of my appeal and that I will receive written notification of the final decision.

Student's Signature (Required): _____ **Date:** _____

Section C: To Be Completed by Academic Advisor or Academic Counseling Center

This section is to be completed by the student's academic advisor or by a counselor in the Academic Counseling Center before the form is submitted by the student to the Financial Aid Office.

Student's major/course program of study: _____

Hours earned toward degree: _____ Remaining hours needed to complete degree: _____

With my signature I certify that I have reviewed the academic record of the student listed above and have determined that the student will be able to continue in his/her program of study.

Academic Advisor/Counselor's Signature: _____ **Date:** _____

Print name: _____ **Title/Position:** _____

Do Not Write Below This Line. To Be Completed by the Financial Aid Appeal Committee

Academic Year:		Appeal Term	<input type="checkbox"/> Fall 2024	<input type="checkbox"/> Spring 2025	<input type="checkbox"/> Summer 2025
<input type="checkbox"/> Appeal Complete	<input type="checkbox"/> Appeal Not Complete (document then return with denial or request for more info)				
Cumulative GPA:		# Attempted Hours:		# Hours Earned:	
FASAP Appeal based on:					
<input type="checkbox"/> Traumatic/Extraordinary Event	<input type="checkbox"/> Death of immediate family member	<input type="checkbox"/> Personal illness of student			
<input type="checkbox"/> Illness of immediate family member	<input type="checkbox"/> Divorce or Separation	<input type="checkbox"/> Other:			
Maximum Timeframe Appeal based on:					
<input type="checkbox"/> Seeking 2 nd UG degree	<input type="checkbox"/> Change of major	<input type="checkbox"/> Other:			
<input type="checkbox"/> Appeal Denied	Reason for denial:				
<input type="checkbox"/> Appeal Approved					
Can the student meet the FASAP standards by the next payment period?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this appeal been approved with an Academic Plan?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Academic plan criteria:					

FASAP Committee Signature: _____ **Date:** _____

FASAP Committee Signature: _____ **Date:** _____

If applicable, 2nd Level Committee Review Results: _____

<input type="checkbox"/> FASAP Status updated	<input type="checkbox"/> Updated RPAAWRD	<input type="checkbox"/> Commented on RHACOMM		FAO Initials
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