



Satisfactory Academic Progress Appeal 26-27

Students who have had their financial aid suspended because of they did not meet the requirements of the Satisfactory Academic Progress (SAP) Policy and experienced extenuating circumstances may submit an appeal requesting the continuation of their aid for one academic year. Students must read the Satisfactory Academic Progress (SAP) Policy for financial aid. The SAP Policy can be found on the University's website under the financial aid section or paper copy can be provided by the Student Financial Services office. This form, supporting documentation, and Academic Plan, must be submitted to Financial Aid at the address above, emailed to finaid@misericordia.edu, or faxed to 570.674.3063. **Deadline to appeal is August 1, 2026.**

Student Name (please print) _____ Student ID _____ Academic year 20____-20____

Reason for the Appeal:

Indicate the reason(s) for the appeal below. Describe the circumstance that led to your current academic status and attach suggested supporting documentation when submitting this form.

- ☐ Illness/Injury: letter or records from medical practitioner which includes the date of the injury or duration of illness *
- ☐ Death of family member: copy of obituary or death certificate
- ☐ Mental Health Crisis: letter or record from a mental health professional *
- ☐ Other: (specify below) supporting documentation as appropriate

*Note that documentation does not need to include the details of your diagnosis or treatment plan but should indicate that there was a significant impact on your ability to function as a student. All supporting documentation should be from a doctor or mental health professional, counselor, pastor, resident director or academic adviser. This statement may NOT be from a fellow student or family member.

Describe the extenuating circumstances that impacted your academic performance (attach additional pages if necessary). Be specific when explaining your circumstances. Lack of information or documentation will result in a delay of an appeal review, or may result in denial of your appeal.

Future Success: Describe, in detail, the steps you will take to ensure academic success in the future (attach additional pages if necessary):

Statement of Certification and Understanding

- ☐ I certify that all of the information provided is complete and accurate to the best of my knowledge.
- ☐ I understand that all appeals are reviewed on a case-by-case basis and that this written request does not guarantee that my financial aid will be reinstated.
- ☐ I understand that I must still pay the charges incurred, regardless of the status of this appeal form, and that I will be responsible for any fees incurred if payment is not made on time.
- ☐ I understand that I am only allowed one appeal.
- ☐ I promise to follow the steps described in the Academic Plan and "Future Success" section to the best of my ability.
- ☐ I understand that if I receive a Merit Scholarship, it will be reviewed in accordance with the Merit Scholarship policy (Possible 25% reduction in Merit Scholarship)

Student Signature _____ Date _____