



THE GOLD STANDARD

*United States Sports Academy*  
Office of Financial Aid

2023-2024

## Satisfactory Academic Progress (SAP) Appeal

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

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The United States Sports Academy (Academy) will consider any extenuating circumstances which cause students to fail to comply with the minimum standards of Satisfactory Academic Progress (SAP) to receive financial aid. Extenuating circumstances are situations beyond the student's control that cause them to fail to meet the minimum standards. Students must be capable of removing any SAP deficiency in one term to be approved.

**Before a student can appeal, he or she must be admitted and approved by Academic Affairs before the appeal is reviewed.** The student's appeal (this form) and academic history will be considered by the Financial Aid Appeals Committee. Once a decision is made, students will receive an official e-mail and letter indicating that their appeal has been approved or denied. The decision of the Financial Aid Appeals Committee is final and is not subject to debate or further appeal. Students that do not understand this process or the SAP Policy should ask for assistance.

Students without extenuating circumstances can get their eligibility to receive financial aid reinstated after they complete 6 credit hours that are required for their degree with no final grade less than 2.00 ("C") for undergraduate or 3.00 ("B") for graduate students, without federal financial aid. The hours may be taken all at once or over two terms. After the required hours are completed, the student must contact the Financial Aid Office to request reinstatement, by letter. Any withdrawals during this period of financial aid probation will result in the immediate loss of eligibility for future periods of enrollment.

A student must write a letter to indicate the reason(s) why SAP was not attained and plans for completing his/her degree. **Any** documentation of the extenuating circumstance(s) **MUST** be attached to this **appeal** form **for** consideration.

I hereby certify and affirm that the foregoing statement(s) in the attached letter are true and accurate. I also authorize the Academy to verify my circumstance(s):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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***For office use only:***

\_\_\_\_\_: Approved      \_\_\_\_\_: Denied

Reason: \_\_\_\_\_

Financial Aid Counselor/ Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Letter mailed to student on: \_\_\_\_\_

Created: 11/2019, SAP Form