

month of the July 1 deadline.

715 North Avenue | New Rochelle, NY 10801 | 914.633.2497 | sfs@iona.edu | www.iona.edu

## SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

This form serves as an appeal for reinstatement of my federal financial aid. I understand that I have not met the Satisfactory Academic Progress (SAP) Standards at Iona College during my last enrollment period and I would like to appeal the decision due to personal mitigating and/or extraordinary circumstances. I also understand that I am not eligible for financial aid unless I receive written approval of this request for reinstatement of financial aid.

With this appeal form, I am requesting reinstatement of aid for (indicate year):

Fall Spring		
Have you submitted a SAP appeal pr	eviously?	
Please respond to both of the follow	ing requests in a typed docume	nt:
emergencies, long term illness, death unavoidable circumstance prevented	in the family, or other extenuat you from fulfilling your academic	ing the required SAP standards (i.e. medical ing personal situations) and the ways in which this ic responsibilities. Please attach documentation or therapist, academic advisor, hospital
credits/grades necessary to make Sat	isfactory Academic Progress (GP	demic performance and how you plan to earn the A requirement). Please attach documentation (i.e.: , change of major, letter from academic
Your signature below indicates that all cand complete to the best of your knowle		ion you have provided pertaining to this appeal is true
STUDENT SIGNATURE		Date
Iona E-mail	Student ID:	Cell #
		eted form, with documentation to: Student Financial 065. Students will be notified of a decision within a