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

## SATISFACTORY ACADEMICPROGRESS 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 20	Spring 20						
Have you subn	nitted a SAP appeal previo	usly? □No	□ Yes				
Please respond	to both of the following r	equests in a	typed docum	ent:			
emergencies, lo unavoidable cir	itimate circumstances that ong term illness, death in t rcumstance prevented you ur circumstances (i.e.: lette n, etc).	he family, or o	other extenu g your acade	ating persor mic respons	nal situations ibilities. Plea	) and the ways in v se attach documer	which thi
credits/grades schedule of sur	ction plan that you intend necessary to make Satisfac mmer/winter classes, tutor members, etc).	ctory Academ	ic Progress (	GPA require	ment). Please	attach document	
_	pelow indicates that all of the the best of your knowledge	-	and document	ation you ha	ve provided po	ertaining to this app	eal is true
STUDENT SIGN	ATURE				Date		
Iona E-mail		Stude	nt ID:		Cell #		
	AP Appeal Forms mus on to: Student Financial		=	=		=	

(914)885-1065. Students will be notified of a decision within a month of the July 1 deadline.