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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 University 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 submitted a SAP appeal pr	eviously? 🗆 No 🗆 Yes	
Please respond to both of the follow	ing requests in a typed documer	nt:
emergencies, long term illness, death unavoidable circumstance prevented	in the family, or other extenuati you from fulfilling your academi	g the required SAP standards (i.e. medical ng personal situations) and the ways in which this c responsibilities. Please attach documentation of 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 knowledge.		ion you have provided pertaining to this appeal is true
STUDENT SIGNATURE		Date
Iona E-mail	Student ID:	Cell #
		15. Return this completed form, with on Hall OR email sfs@iona.edu or By fax:

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