



Satisfactory Academic Progress (SAP) Appeal and Cover Sheet

Check the semester of your appeal: ___ FALL 24 ___ SPRING 25 ___ SUMMER 25

Student's Name: _____ Date: _____

Address: _____

City, State Zip: _____ Phone: _____

As a student at Martin University, continued enrollment and eligibility to receive financial aid is contingent upon maintaining Satisfactory Academic Progress (SAP) per the University's SAP Policies (see the Martin University Student Handbook or Catalog for a detailed explanation of the SAP Policy). Also, for purposes of attending Martin University with academic approval only without needing financial aid, you will not have to complete a Financial Aid SAP appeal.

The following chart illustrates a summary of the Financial Aid SAP Policy standards needed to maintain eligibility for federal and state financial aid:

Total Attempted Credit Hours	Minimum Cumulative G.P.A. required	Minimum Cumulative Completion Rate required
1-29 hours (freshman or sophomore status)	1.7	67%
30-123+ (junior or senior status)	2.0	67%
Graduate student	3.0	67%

This appeal cover sheet must include the following for Financial Aid SAP appeals:

- **A typed personal statement explaining the extenuating circumstances that caused you not to meet SAP standards**
- **Provide supporting documentation to support your appeal statement (e.g., obituary, physician statement, hospital paperwork, court documents, etc.) if applicable**
- **Explain what has changed and your plan of action to ensure future academic success**

By submitting this appeal, I certify the information I have provided is true and complete to the best of my knowledge. I have reviewed the SAP policy and understand that I have not met the University's minimum SAP standards for continued enrollment and/or to receive financial aid. Submission of this appeal is not a guarantee that my appeal will be approved by the SAP Committee. Further, I understand that I must meet the SAP Standards and follow my academic plan to continue to receive Federal and/or State Financial Aid.

Student Signature: _____ **Date:** _____

-----For SAP Committee Office Use Only-----

Hours: Attempted _____ Earned _____ Cum. GPA _____ Completion Rate _____%

Appeal Status (check one): ___ Warning ___ Probation ___ Suspension ___ Pending additional information

Comments: _____

FAA Signature/Title: _____ Date: _____

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