



Financial Aid Satisfactory Academic Progress (SAP) Appeal Contract

Student Printed Name: _____ **SU ID:** _____ **Date:** _____

Read the following information carefully. Initial each and sign below. Your initials and signature on this contract certifies that you have read and fully understand all the information. Submit this contract to our office so we can continue to process your request for aid reinstatement.

____ I have read and fully understand the Committee’s response to my appeal.

____ I have read and fully understand the Financial Aid Satisfactory Academic Policy (SAP).

____ I understand that the repeating courses in which I have received credit, even if my advisor indicates to do so, may negatively impact my ability to meet/maintain (SAP) standards. I will inform my advisor of the possibility of losing my financial aid as a result.

____ If I encounter difficulty in any of my courses, I should:

- Consult my instructor/professor
- Contact my academic advisor
- Utilize the following resources as necessary:
 - Center for Student Achievement, GC 213, 410-677-4865
 - University Writing Center, GC 206, 410-543-6332
 - Student Counseling, GC 263, 410-543-6070
 - Career Services, GC 133, 410-543-6075
 - Student Health Services, HH 180, 410-543-6262

____ I understand it is unlikely that I will have multiple appeals granted during my academic career as Salisbury University regardless of extenuating circumstances. I understand it is my responsibility to meet all the Satisfactory Academic Progress standards each semester.

Student’s Signature: _____

Date: _____

Submit Completed Contract to:

Salisbury University
1101 Camden Avenue
Financial Aid Office
Salisbury, MD 21801
or
Fax to: 410-543-6138