

☐ Financial/Legal ☐ Military Duty

□ Documentation Provided□ Other

Return to: Educational Opportunity Program CSU, San Bernardino 5500 University Parkway UH 395 San Bernardino, CA 92407

		Phone: (909) 537-5042	
Name	2024-2025 Satisfactory	Academic Progress (SAP) Appeal Form Coyote ID	
Email			
		nstatement consideration:	
1. 2.	Select the reason(s) for your appeal (check all one of the control	that apply): or Two Years of Study Minimum GPA Not Met	
3.	Attach a typed-written statement of explanation and please include your name and Coyote ID (see instructions sheet).		
4.	Attach supporting documentation and, if applic	able, your signed SAP Appeal Academic Plan (see instructions sheet).	
		Statements of Understanding	
My sign	ature below acknowledges the following:		
✓	The information on this form and in any attachments is complete and accurate. I authorize the Office of Financial Aid and Scholarships to verify any information submitted.		
✓	I understand that the submission of this appeal for any account balance should I decide to cont	does not guarantee reinstatement of financial aid and that I am responsible inue enrollment.	
✓		by take a minimum of 3 to 4 weeks (or longer) and I am responsible for paying to register for classes or to avoid being dropped from my classes.	
✓	I wish to be considered for aid reinstatement. If	nts must be submitted no later than 21 days from the end of the term in which the appeal is submitted after, it will not be reviewed or considered for . Fall 2024 deadline: November 24, 2024, Spring 2025 deadline: April 26, 2025,	
Studen	t's Signature:	Date:	
		OFFICE USE ONLY	
APPEA	L#	RECOMMENDATION/ACTION:	
		☐ Approve ☐ Deny/Forward to Committee	
☐ A\	Y 🗖 Fall 🔲 Spring 🔲 Summer		
Units	EarnedAttempted	CONDITIONS:	
Cumi	ulative GPA	Earn all units attempted	
Subje	ect to Dismissal	Earn a minimumterm gpa	
l	eded 180 Unit Cap?	☐ Follow attached SAP Appeal Academic Plan	
Overa	all Units Attempted		
	☐ Medical	☐ Enroll in a maximum ofunits	
	☐ Illness/Injury	Graduate by theterm	
1	Serious Personal or Family Problems	Other	

EOP Representative Signature

Date