

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

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## 2023-2024 Satisfactory Academic Progress (SAP) Appeal Form

	Coyote ID
	Phone
Select which term you are appealing to receive fina	ncial aid for: ☐ Fall 2023 ☐ Spring 2024 ☐ Summer 2024
<ul><li>☐ Minimum Cumulative Grade Point Average or To</li><li>☐ Minimum Required Unit Completion/Earned No.</li></ul>	vo Years of Study Minimum GPA Not Met ot Met
Attach a typed-written statement of explanation an	d please include your name and Coyote ID (see instructions).
Attach, if applicable, supporting documentation (see	e instructions).
Attach, if applicable, your signed SAP Appeal Academ	nic Plan (see instructions).
Student Stat	ements of Understanding
responsible for any account balance should I decid I understand that this appeal (and appeal documents) the term in which I wish to be considered for aid to reviewed.  I understand that the Office of the Financial Aid and understand the SAP Appeal review process may tak registration fees by the payment deadlines specified being dropped from my classes	e to continue enrollment.  should be submitted as soon as possible but before the census date within be reinstated. If the appeal is submitted after census date, it will not be  Scholarships will be reviewing and emailing me the final appeal decision. I e a minimum of 2-3 weeks (or longer) and I am responsible for paying my d in the "Schedule of Classes" in order to register for classes or avoid
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# # D Summer	RECOMMENDATION/ACTION:  Approve Deny/Forward to Committee
Attempted	□ Earn all units attempted □ Earn a minimumterm gpa □ Follow attached SAP Appeal Academic Plan □ Complete English Math
	Select the reason(s) for your appeal (check all that a