FEDERAL SATISFACTORY ACADEMIC PROGRESS (SAP)
FINANCIAL AID ACADEMIC PLAN APPEAL FORM

If undergraduate students wish to have your Pennsylvania State Grant reviewed for reinstatement you will need to complete a “PHEAA State Grant Program Academic Progress Exception Form” available at www.pheaa.org. Once processing is complete, your Student Vulcan Information Portal will be updated.

Required Student Data
TERM that this Appeal is for: ______________

Name: ____________________________________  CWID: ______________________
(Please Print Clearly)

Permanent Address: ____________________________
Street City State Zip

Telephone Number: ________________________  CALU Email: ______________________

Required Documents:
The following information MUST BE INCLUDED before your Academic Plan Appeal will be reviewed and financial aid processed. A typed name is not a signature. All forms that request such require your signature.

Submit all completed documents to:

Office of Academic Success
Noss Hall Room 103
Phone: 724-938-1523/Fax: 724-938-4186
E-mail: Academicsuccess@calu.edu

1. This form.
2. SAP Explanation: A student may file an appeal if there is an unusual and/or mitigating circumstance that affected their academic progress. Such circumstances may include a severe illness or injury to the student or immediate family member; the death of a student’s relative; activation into military service or other circumstances as deemed appropriate for consideration by the SAP Appeals Committee. Please be specific and include the following:
   a. The reason you did meet satisfactory academic progress
   b. The steps you are planning to ensure future academic success at California University of Pennsylvania
   c. Any supporting documentation that would substantiate your appeal (if applicable)
   All information will be strictly confidential.

2. Academic Plan: An academic plan must be completed with the Office of Academic Success for both undergraduate and graduate students. This plan will help you work to maintain the overall cumulative SAP requirements and assist you with your graduation plan.

Student’s Signature: ________________________  Date: ________________________

For Office Use Only:

Approved ______  Denied ______

Reason for denial: __________________________  Date: ________________________

Reviewed by: ____________________________  Date: ________________________