

Satisfactory Academic Progress (SAP) Appeal Form



STUDENT'S INFORMATION

Surname: _____ Other Name: _____
Student Admission No.: _____ Intake: _____
Mobile No: _____ Email address: _____
Postal Address: _____ Code: _____ Town: _____
Course: _____ Ave. Grade: _____
Type of Financial Aid _____

Reason for appeal

Is this your first appeal? Yes No If no, what was the outcome?

Attach necessary documentation

What plans have you made that will help resolve the issues above?

- I certify that the information included here is true and accurate to the best of my knowledge
- I understand that submitting this form does not guarantee that my request will be approved

Signature: _____ Date: _____

To be completed by the parent/guardian

I understand that having my daughter's/son's financial aid suspended requires me to pay 100% fees.

Name: _____

Mobile No: _____ Email: _____

Signature: _____ Date: _____

For Official use only:

To be completed by the School/Faculty

The above named has worked on a plan to enable him/her clean-up pending/failed units.

Name: _____

Signature: _____ Date: _____

Financial Aid Office

Information verified: Signature: _____ Date: _____

Financial Aid: Reinstated Rejected

Reason(s)

Financial Aid Manager

Signature: _____ Date: _____