



## Financial Aid SAP Appeal Application

**2017-2018 AID YEAR**

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Which term are you appealing? You cannot appeal a term that has already ended. (Please check one)

Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

I am submitting this appealing so I can continue to receive Financial Aid at UNT Health Science Center, and I certify that I am submitting a personal letter fully explaining both items below: (Initial Below)

\_\_\_\_ Why I failed to meet SAP for my program of study (provide supporting documentation if applicable)

\_\_\_\_ What has changed that will allow me to meet SAP

Your letter of explanation must fully explain the items above and will need to be longer than half a page.

(Approved SAP Appeals allow a student to receive financial aid for the current term only. Students not meeting SAP by the end of the term may lose all future financial aid eligibility.)

**SAP Appeal Applications must be submitted by fax (817-735-0448), email ([joseph.sanchez@unthsc.edu](mailto:joseph.sanchez@unthsc.edu)) with "FA SAP Appeal Letter" in Subject Line, or in person (Student Services Center, First Floor) to the Director of the Office of Financial Aid. Appeal will be reviewed within 5 to 10 business day from the date received.**

**By signing below, I understand that if the appeal is not approved, my financial aid will be denied for the current term and may be denied for future terms.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only

GPA = \_\_\_\_\_ Completion Rate= \_\_\_\_\_

Approved \_\_\_\_\_ = FA Probation \_\_\_\_\_ FA Academic Plan \_\_\_\_\_

Notes for Approval:

Denied \_\_\_\_\_