

MONMOUTH  
UNIVERSITY

FINANCIAL AID

**SATISFACTORY ACADEMIC PROGRESS APPEAL FORM**

Appeals are reviewed for students who fail to meet federal and/or institutional financial aid requirements for Satisfactory Academic Progress and who can demonstrate that this resulted from extenuating circumstances beyond their control. Please submit this appeal form, along with all supporting documentation, to the Financial Aid Office.

Name \_\_\_\_\_ ID # \_\_\_\_\_

**INSTRUCTIONS** - Check the circumstance(s) which prevented you from making satisfactory academic progress in Section 1 and provide the additional information requested. Then complete Section 2.

**Section 1: Basis for Appeal**

**(A) \_\_\_ Illness or Injury:** You (the student) or an *immediate* family member were injured or ill for an extended period of time. Please attach a copy of a statement from the physician (students only, not family members) and provide the following information:

**Name of the Ill/Injured** \_\_\_\_\_

**Nature of Illness/Injury** \_\_\_\_\_

**Name of Physician** \_\_\_\_\_

**Date(s) of Illness/Injury** \_\_\_\_\_

**(B) \_\_\_ Death in the *Immediate* Family:** Please attach a photocopy of the death certificate, or death announcement listing surviving family members, and complete the following information:

**Name of Deceased** \_\_\_\_\_

**Relationship to You** \_\_\_\_\_ **Date of Death** \_\_\_\_\_

**(C) \_\_\_ Other Extenuating Circumstances:** You (the student) experienced some unusual circumstance not listed. Explain the extenuating circumstance and how it prevented you from making satisfactory academic progress on the following lines, and attach supporting paperwork, as appropriate. If your Satisfactory Academic Progress issue developed over the course of several semesters, you must explain the circumstances of each semester. Feel free to submit an additional page if you need more space.

**Extenuating Circumstances Explanation**

## Section 2: Ensuring Future Success

Please explain what you have done or will do to resolve the issue(s) that prevented you from making satisfactory progress. Be very specific. There must be sufficient reason to believe that you will be able to make satisfactory progress in the future. Feel free to submit an additional page if you need more space.

**By signing this form, I understand the following:**

- I, the student, have completed this form. All of the information I have provided is true and complete to the best of my knowledge.
- Submission of this appeal is not a guarantee of approval.
- This appeal is for financial aid purposes only and is separate from any academic appeal you may be required to submit.

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

Submit via **ONE** of the following:

Email-[finaid@monmouth.edu](mailto:finaid@monmouth.edu)

Fax-732-263-5577

Mail-Financial Aid Office, 400 Cedar Avenue, West Long Branch, NJ 07764