

INSTRUCTIONS FOR COMPLETING THE FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL

This form is to be completed if your financial aid eligibility has been denied due to unsatisfactory academic progress, and you wish to request your extenuating or unusual circumstances be considered to have your financial aid reinstated.

DEADLINE TO SUBMIT APPEAL

- Appeals must be complete and submitted by the Friday of the Midterm week for full-semester courses. If enrolled in the Summer semester or Block courses, appeals are due Friday of the midpoint of the course(s) or semester enrolled. **Incomplete appeals will not be reviewed.**

BEFORE SUBMITTING YOUR APPEAL

- **Complete your FAFSA:** Complete a Free Application for Federal Student Aid (FAFSA) for the semester you are requesting reinstatement of financial aid. <https://studentaid.gov/>.
- You must be an admitted, degree-seeking student at College of Eastern Idaho.

SUBMITTING YOUR APPEAL

- **Complete all sections of the appeal form.**
- **Provide an Explanation:** Complete Section 2, provide an explanation or attach a signed detailed letter of explanation (preferably typed).
- **Attach Supporting Documentation:** Provide documentation to support your appeal (e.g., medical records, physician statement, death notice, court documents, etc.). *Appeals will not be reviewed without proper documentation.*
- **Complete Degree Plan:** Meet with an Academic Advisor or Faculty Mentor (formerly Faculty Advisor) to complete the Degree Plan for the semester you are requesting reinstatement. You may schedule an appointment to meet with an Academic Advisor, please call 208-524-3000 Ext.2.
- **Register for classes:** You must be registered for the advisor-approved classes for the semester you are requesting reinstatement of financial aid.
- **Submit Appeal:** Return your completed appeal form, statement and documentation to the Financial Aid Office, College of Eastern Idaho, 1600 S. 25th E., Idaho Falls, ID 83404 Fax: (208)525-7026, Email: financial.aid@cei.edu.

AFTER YOU SUBMIT YOUR APPEAL

- **Committee Review:** A committee reviews your appeal, notification of the decision will be sent to your CEI email.
- **Appeal Approval:** If your appeal is approved, your financial aid eligibility will be reinstated for the semester you are appealing. ***The committee may restrict your schedule, make recommendations or requirements. You cannot change your approved schedule after the last day to add or drop classes.*** If your appeal is approved, we will continue processing your financial aid. Appeals submitted and approved after the Priority Deadline may have to wait until after Attendance Verification is complete before aid will be disbursed. Financial aid funds will be available to you based on the disbursement schedule of the College of Eastern Idaho.
- **Appeal Denial:** If your appeal is denied in review, you have the option to schedule an appointment with the Appeal Committee, for an opportunity to explain your appeal further and to submit any additional documentation. The decision of the Appeal Committee is final.
- **Withdrawing:** Withdrawing from any or all courses will result in future denial of aid eligibility.
- **Responsibility:** You are responsible for meeting all the Satisfactory Academic Progress Policy (SAP) requirements. You will be denied future financial aid if you do not meet all SAP requirements at the conclusion of the semester.
- **SAP Policy:** <https://cei.edu/satisfactory-academic-progress>



**SATISFACTORY ACADEMIC PROGRESS
APPEAL 2024-2025**

Financial Aid Office
Phone: (208) 524-3000 ext.7
Toll Free: 1-800-662-0261
Fax: (208) 525-7026
financial.aid@cei.edu

1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Last 4 SSN	Phone Number
			xxx-xx-	

You have been denied financial aid because you are not meeting the Satisfactory Academic Progress requirements from a previous semester. To request reinstatement of your financial aid, you must provide an explanation, documentation supporting your circumstances and complete all sections of the appeal form.

Section 1: Provide the following information:

What semester are you requesting financial aid reinstatement? (Mark One):

Fall Semester 2024 _____ Spring Semester 2025 _____ Summer Semester 2025 _____

Complete and attach the following:

- Provide a statement of explanation:** Complete *Section 2a*; provide an explanation or attach a signed letter of explanation. Describe the *unusual or extenuating circumstances* that prevented you from meeting the Satisfactory Academic Progress (SAP) requirements (e.g., withdrawing, failing classes, not meeting GPA requirements, etc.). Please be as specific as possible and include dates if applicable.
- Explanation of Changes:** Complete *Section 2b*; provide an explanation or attach a signed letter of explanation. Include the *changes you have made* (i.e., how the situation has been resolved) that will enable you to meet (SAP) requirements for the semester you are appealing and in the future.
- Provide Documentation:** Attach documentation to support your explanation (e.g., statements from a physician, medical records, court documents, a death notice, divorce decree, police report or other related documents). Third-party documentation is acceptable, but must come from "officials" or community leaders (e.g., clergy, counselors, social workers, etc.) who are in a position to know about the student's situation. Letters or statements must be written on agency/business letterhead or notarized.
- Register for Classes:** Meet with an Academic Advisor to complete and sign the **Degree Plan** (attached) and register for the classes you plan to take the semester you are appealing financial aid for.

Student Certification:

I certify that all statements in this appeal and all documentation submitted are true and accurate. I understand that I may be asked to provide additional documentation if needed. I understand that providing false information could result in denial, reduction, and/or require immediate repayment of financial aid. I agree to the appeal process and understand that if documentation is not attached or sufficient, or this appeal is not signed, it will be returned as incomplete.

If my appeal is approved, I agree to complete and pass all courses I have registered for with a 2.0 semester GPA, in accordance with Financial Aid Satisfactory Academic Progress Policy. I understand I cannot change my approved class schedule for the semester I requested reinstatement after the last day to add/drop classes. I understand withdrawing from courses will be considered failing to meet my approved appeal terms and will result in the denial of future financial aid eligibility. I understand that at the conclusion of the semester, if I have met the terms of my approved appeal but still do not meet the overall Satisfactory Academic Progress requirements, I will be required to appeal again to have my progress evaluated.

Print to sign. Electronic signature will not be accepted

Student Signature _____ **Date** _____

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Financial Aid Office Use Only	Received By: _____	Date Received: _____	Documentation Received: <input type="checkbox"/>
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SATISFACTORY ACADEMIC PROGRESS DEGREE PLAN 2024-2025

Financial Aid Office
Phone: (208) 524-3000 ext. 7
Toll Free: 1-800-662-0261
Fax: (208) 525-7026
financial.aid@cei.edu

1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Last 4 SSN	Phone Number
			xxx-xx-	

You have been denied financial aid because you have not met the financial aid Satisfactory Academic Progress requirements. To evaluate if your federal financial aid can be reinstated, the Financial Aid Office must verify the amount of credits, course requirements and cumulative GPA you need to be compliant for the stated degree or certificate.

What is your current degree or certificate objective (i.e. RN, AAS) _____

Anticipated graduation date? (Month/Year) _____

Student Instructions:

Meet with an Academic Advisor or Faculty Mentor (formerly Faculty Advisor) to review your course schedule. Identify the courses required for your degree and the semester during which you will take each course until you will be in compliance with the SAP Policy, or for two semesters or until graduation. You may schedule an appointment to meet with an advisor, please call 208-524-3000 Ext.2. **Register for the classes for the current semester you are appealing for your financial aid.**

Semester _____ Year _____

Course	Title	Credits
Example: SOC 101	Example: Intro Sociology	Ex. 3

Semester _____ Year _____

Course	Title	Credits

Semester _____ Year _____

Course	Title	Credits

Semester _____ Year _____

Course	Title	Credits

Attach additional pages if necessary.

Academic Advisor or Faculty Mentor Instructions:

After this plan is complete, please review and sign it verifying you approve the course schedule and all courses listed are needed for the student program or to graduate. (Please attach any approved petitions)

I have met with this student and verify the classes listed above are needed to graduate in the identified major.

Advisor Name (print): _____ Phone: _____

Advisor Signature: _____ Date: _____

Please return this completed form to the CEI Financial Aid Office.