

INSTRUCTIONS FOR COMPLETING THE FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS WRITTEN APPEAL

The attached form is to be completed if your financial aid eligibility has been suspended and you wish to request that your extenuating or unusual circumstances be considered in order to have your financial aid reinstated.

BEFORE SUBMITTING YOUR APPEAL

- You must have completed a Free Application for Federal Student Aid (FAFSA) for the semester you are requesting reinstatement of financial aid.
- You must be an admitted, degree-seeking student at College of Eastern Idaho.

SUBMITTING YOUR APPEAL

- Complete all sections of the appeal form.
- Complete Section 2 providing an explanation or attach a signed detailed letter of explanation (preferably typed).
- **Make sure you attach documentation to support your appeal (medical records, physician statement, death notice, court documents, etc.). Appeals will not be reviewed without proper documentation.**
- Meet with an Academic Advisor or Faculty Mentor (formerly known as Faculty Advisor) to complete the Degree Plan for the semester you are requesting reinstatement. You may schedule an appointment to meet with an advisor, please call 208-524-3000 Ext.2.
- Register for the advisor-approved classes for the semester you are requesting reinstatement.
- Return your completed appeal form, statement and documentation to:
Financial Aid Office, College of Eastern Idaho, 1600 S. 25th E., Idaho Falls, ID 83404 or fax to (208)525-7026.

DEADLINE: The Wednesday prior to the first day of the semester. **Incomplete appeals will not be reviewed.**

AFTER YOU SUBMIT YOUR APPEAL

- You will receive an email to your CEI email regarding your appeal decision.
- If your appeal is denied in review, you have the option to schedule an appointment with the Appeal Committee. In the committee meeting you will be given an opportunity to explain your appeal further and to submit additional information and documentation if appropriate.
- The Appeal Committee will then approve or deny your appeal. The decision of the Appeal Committee is final.
- **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.**
- Withdrawing from any or all courses while on an approved appeal will result in the future suspension of financial aid eligibility.
- You are responsible for meeting the Satisfactory Academic Progress Policy (SAP) requirements. You will be suspended future financial aid if you do not meet all SAP requirements. View the SAP Policy here: <https://www.cei.edu/financial-aid/resources/standards-of-academic-progress>.
- If your appeal is approved, we will continue processing your financial aid application. Financial aid funds will be available to you based on the disbursement schedule of College of Eastern Idaho.



SATISFACTORY ACADEMIC PROGRESS
APPEAL 2022-2023

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

Table with 5 columns: First Name, Last Name, Student ID, Last 4 SSN, Phone Number

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 a signed letter of explanation, documentation supporting your circumstances and complete this appeal form. Attach applicable documentation to support your appeal (e.g. medical records, court documents, death notice or other related documents).

Section 1: Provide the following information:

What semester are you requesting financial aid reinstatement? (Mark One):
Fall Semester 2022 Spring Semester 2023 Summer Semester 2023
What is your current Area of Study (degree, certificate)? (i.e. General Education)
What is your current grade level? (i.e. freshman, sophomore)
What is your anticipated graduation date? (Month/Year)

Complete and attach the following:

- 1. Complete Section 2: Provide a statement of explanation, or attach a signed letter of explanation, describing the unusual or extenuating circumstances that prevented you from meeting the Satisfactory Academic Progress (SAP) requirements (withdrawing, failing classes, not meeting GPA requirements, etc.). Please be as specific as possible, include dates if applicable.
2. Section 2: Provide an explanation of the changes you have made (how the situation has been resolved) that will enable you to meet Satisfactory Academic Progress requirements in the future.
3. Attach documentation to support your explanation. (e.g. statements from physician, medical records, court documents, 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.

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 agree to the semester of 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. I understand providing false information could result in denial, reduction, and/or required immediate repayment of financial aid.

If my appeal is approved, I agree to complete and pass all courses I am 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 suspension of future financial aid eligibility. I understand if, at the conclusion of the semester, 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.



SATISFACTORY ACADEMIC PROGRESS Degree Plan 2022-2023

Financial Aid Office
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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 CEI Financial Aid Office must verify the amount of credits, course requirements, semesters and cumulative GPA you need to be compliant for the stated degree or certificate.

What is your current Area of Study (degree, certificate)? _____ (i.e. Radiation Safety)

Anticipated graduation date? _____ (Month/Year)

Student: Meet with an Academic Advisor or Faculty Mentor (formerly known as Faculty Advisor) to review your course schedule. Identify the courses required for your degree and the semester during which you will take each course to graduation, until you will be in compliance with the satisfactory progress policy or for two semesters. Please return this completed form to the CEI Financial Aid Office.

Academic Advisor: 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 to graduate. (Please attach any approved petitions)

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.

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

I confirm that only those classes necessary to graduate are listed.

Advisor Name (print): _____ Phone: _____

Advisor Signature: _____ Date: _____