



**SATISFACTORY ACADEMIC PROGRESS APPEAL  
FINANCIAL AID ELIGIBILITY FORM**

**REQUEST FOR REINSTATEMENT OF FINANCIAL AID ELIGIBILITY**

Students are evaluated for compliance with the Satisfactory Academic Progress (SAP) policy for Financial Aid Eligibility at the end of each academic year. Those students not meeting the SAP standard are placed on Financial Aid Suspension and are no longer eligible to receive Title IV funds. Under certain conditions, students with mitigating circumstances may file an appeal for “Reinstatement of Financial Aid Eligibility”.

**Conditions under which a student is permitted to file an appeal and provide supporting documentation:**

1. The student suffered serious illness or injury preventing SAP compliance in the time period in which the deficit(s) occurred.
2. The student suffered a loss due to the death of an immediate family member during the time period the deficits occurred.
3. The student or the student’s family suffered a loss in an area that has been officially designated a National Disaster Area.
4. Students with other significant extenuating circumstances beyond their control.

Students who do not meet any of these conditions must make up deficiencies that caused the Suspension of Financial Aid Eligibility. Students may not receive Title IV financial aid during the period of time they are on Financial Aid Suspension.

**Documentation required for each of the above conditions must include:**

1. A signed statement from the student indicating why the appeal should be approved, and
2. An Academic Deficit Recovery Plan that explains how and by when the student will make up the deficits, and
3. If Academic Reinstatement is conditionally approved:
  - a. A certification from a medical doctor who has treated the student and can certify that the student’s medical condition impaired the student’s ability to successfully complete the coursework attempted. This medical documentation must be on the physician’s letterhead and should coincide with the time period in which the deficits occurred.
  - b. Official verification of the family member’s death and relationship to the student (Preferably a death certificate or obituary).
  - c. A document certifying the student/parent(s) suffered a major loss in an area that has been designated a National Disaster Area.
  - d. Any other documentation that is approved and/or requested by the Financial Aid Administrators and Associate Dean of Academics to support the student’s claim.



**Appeal for Reinstatement of Financial Aid Eligibility Procedure**

1. Set up an appointment to meet with the Associate Dean of Academics Office and discuss Appeals process, requirements, and options;
2. Obtain the Request for Reinstatement of Financial Aid Eligibility appeal form from the OFA;
3. Obtain and attach appropriate documentation that substantiates the condition(s) under which you are appealing;
4. Visit the Office of Academic Achievement and Support to develop an Academic Deficit Recovery Plan that addresses specifically how you plan to make up your deficiencies;
5. Submit a written statement indicating under which of the above conditions you are appealing and provide a copy of the Academic Deficit Recovery Plan.

**How does the Appeal for Reinstatement of Financial Aid Eligibility process work?**

1. Only complete appeals are reviewed.
2. A Financial Aid Administrator, along with the guidance of the Associate Dean of Academics Office, will review the appeal with particular consideration given to the nature of the appeal together with program regulations to determine approval status.
3. If the appeal is denied by the Associate Dean of Academics, the student will be issued a written decision within 10 business days after a recommendation is made.

Students, who are not eligible to file an appeal or choose not to file, will regain eligibility for financial aid consideration when they restore full compliance with the Associate Dean of Academics Office and the OFA.

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**Acknowledgment**

Student Name: \_\_\_\_\_ Student ID #: 0 0 0 0 0 \_\_\_\_\_  
Last First

**I hereby acknowledge that I am personally responsible for paying any tuition, fees, and all other charges on my AJMLS/SLS student account that may be due while an appeal is in process. I understand that I may be eligible to enroll in the Installment Payment Plan through the Office of Student Accounts while the appeal is under consideration.**

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



**FINANCIAL AID APPEAL and  
DEFICIENCY RECOVERY PLAN**

**STUDENT INFORMATION**

Student's Last Name	First	AJMLS/SLS ID Number 0 0 0 0 0 _ _ _ _		
Home Phone Number		Cell Number		
Street Address	Apt/Suite #	City	State	Zip

Term that you are petitioning for financial aid reinstatement:  Fall-Year: \_\_\_\_\_  Spring-Yr: \_\_\_\_\_  Summer -Yr: \_\_\_\_\_

**Deficit Recovery Plan:** Is a written realistic plan for recovering from your SAP academic deficiencies. The plan should be discussed with the Associate Dean of Academics Office, the Office of Academic Achievement, and should be attainable by the end of your semester of reinstatement. The Academic Deficit Recovery Plan form is included below.

By signing below, I confirm that I have submitted this appeal and supporting documentation because I meet one or more of the conditions for appeal. I am submitting this appeal in compliance with the Satisfactory Academic Progress Policy. **I understand that appeals must be submitted within the deadlines published in the SAP Policy for Financial Aid Eligibility and that all appeal decisions are issued in writing and sent to my AJMLS student email account, and/or by USPS mail. I understand that any outstanding charges that are due must be paid whether or not I am filing an appeal.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Appeal Review, Office Use Only:*

GPA: \_\_\_\_\_

AJMLS/SLS Attempted Hours \_\_\_\_\_ + Transfer Hours \_\_\_\_\_ = Total Attempted Hours \_\_\_\_\_

PACE  $\frac{\text{Total Earned Hours}}{\text{Total Attempted Hours}}$  = \_\_\_\_\_ %

Appeal Approved     Appeal Denied    \_\_\_\_\_    Date: \_\_\_\_\_  
Financial Aid Administrator

Appeal Approved     Appeal Denied    \_\_\_\_\_    Date: \_\_\_\_\_  
Associate Dean of Academics

*For conditions of Appeal, see Letter of Reinstatement from the Associate Dean of Academics Office.*



**FINANCIAL AID APPEAL FORM**

Student Name: \_\_\_\_\_ Student ID #: 0 0 0 0 0 \_\_\_\_\_  
Last First

**STEP I:** Please indicate the mitigating circumstances that have contributed to your inability to maintain SAP by checking the category that applies to you. You must also follow the instructions for the category. The appeal and documentation must be submitted as a complete package.

- Serious illness, accident or injury, to student or immediate family member (parent, spouse, sibling, child).**  
Write a detailed statement of the circumstances. Attach supporting documentation; physician’s statement, police report or other documentation from a third party professional; hospital billing statement, etc.
- Death of an immediate family member (parent, spouse, sibling, child).**  
Write a detailed statement of the circumstances. Include the name of the deceased and relationship to you. Submit a copy of the obituary and/or death certificate.
- Divorce experienced by you or your parent.**  
Write a detailed statement of the circumstances. Attach an attorney's letter on law firm's letterhead or copy of divorce decree.
- Significant trauma in the student’s life that impaired the student’s emotional and/or physical health.**  
Provide a detailed explanation regarding the specific circumstances and the dates of your condition, and what you have done to overcome your condition. Attach supporting documentation from a third party (i.e. physician, social worker, counselor, police, attorney, etc.)
- Other significant unexpected and documented circumstances beyond the control of the student.**  
Write a detailed statement of the circumstances and the dates. Attach supporting documentation from a third party (i.e. physician, social worker, counselor, police, attorney, etc.)

**STEP II:** Please provide the following information as part of your appeal.

Submit a written statement indicating what has changed in your situation that would allow you to demonstrate satisfactory academic progress at the next evaluation. Include a detailed plan of action you are taking to ensure you will meet SAP standards.

**All documentation requested above in Steps I and II are REQUIRED.**

**INCOMPLETE APPEALS WILL BE DENIED.**

Atlanta’s John Marshall Law School, Satisfactory Academic Progress Policy for financial aid eligibility complies with the Higher Education Act of 1965, as amended, Federal Regulations found in Section 668, 690, and applicable DCL GEN 96-10, 96-18, et al.