



This form is for students who have applied for financial aid but are not eligible because they must meet Satisfactory Academic Progress (SAP) standards. To review the policy, please see our [website](#).

You may appeal the suspension of aid if the reasons for your failure to meet SAP were beyond your control or the result of an unexpected situation that is now resolved. You must include any and all supporting documentation relative to your situation.

Submission of the appeal does not guarantee approval, and students are responsible for dropping all classes by the add/drop deadline if they are unable to pay for classes on their own. Only completed forms will be forwarded to the Appeals Committee for review.

If the appeal is granted, you will be placed on financial aid probation, during which you may receive financial aid for one semester. Financial aid will not be retroactive to any semester when these standards are unmet. During this time, you will be given academic conditions. Appeal conditions will be outlined in writing, and you will be notified via your Longwood email. At the end of the semester, you must either meet SAP standards or the academic appeal conditions to continue receiving financial aid.

## STUDENT INFORMATION

Full Name: \_\_\_\_\_ Longwood ID: \_\_\_\_\_

### 1. Check the term for which you are submitting a SAP appeal.

Fall '26     Spring '27     Summer '27

### 2. Indicate the circumstances that have contributed to your inability to maintain SAP by checking any category below that applies to you. You must also follow the instructions for each category.

**Serious family difficulties, such as divorce or illness.** Attach a statement from a lawyer, court, physician, therapist, or counselor supporting your situation.

**Mitigating circumstances, such as the death of a loved one, student or immediate family illness or injury.** Attach a photocopy of the death certificate or newspaper obituary. Include the deceased's name and relationship to you in item 3 of this form—a statement from a physician, therapist, or counselor supporting your situation.

**Significant trauma in the student's life that impaired the student's emotional or physical health.** Provide a detailed explanation in item 3 of this form regarding the specific circumstances of your condition, including dates. Supporting documentation from a 3rd party who knows your situation (physician, social worker, psychiatrist, police, clergy, or family member) must also be attached.

**Other unexpected documented circumstances beyond the control of the student.** Provide a detailed explanation in item 3 explaining the nature and date of the unexpected circumstances. Relevant supporting documentation must also be provided.

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Full Name: \_\_\_\_\_ Longwood ID: \_\_\_\_\_

**3. Attach an explanation for your appeal. Appeals must:**

- Be typed or written legibly in blue or black ink.
- Be authored by the student, not the parent or another 3<sup>rd</sup> party.
- Address all three of the following points:
  - The circumstances indicated in item 2 that led to the SAP violation.
  - Why/how those circumstances are no longer affecting your academic performance.
  - What have you done or plan to do to address the problem to ensure academic success in the future.

**Required information for READMITTED STUDENTS ONLY:**

- Include how you spent your time away from the university
- If you took classes at another institution, include a transcript of the grades you received.

**4. Statement from your Academic Advisor.** The advisor should provide their opinion of your ability and willingness to improve academic performance. The student is responsible for contacting their Academic Advisor requesting a statement. The statement can be attached to the appeal or emailed to the Office of Financial Aid. It is strongly recommended that you obtain and review a copy of your unofficial academic transcript before you submit your appeal (an unofficial copy is available through the MyLongwood portal).

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**Academic Advisor Name**

**5. Certification and signature.** By submitting this form I request to have my financial aid eligibility reinstated. I understand that the Office of Financial Aid will not accept any SAP appeal that is incomplete or lacks documentation. By signing this form, I certify that the information on this form is truthful and accurate.

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**Student Signature**

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**Date**

**For the security of your personal data, please submit your completed form and all other requested documents using our secure upload, found here: [go.longwood.edu/uploadfa](https://go.longwood.edu/uploadfa)**

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