



FRIENDS UNIVERSITY

Office of Financial Aid

Financial Aid Satisfactory Academic Progress Maximum Timeframe Appeal Form 2024-2025

Student's Full Name: _____ Student ID: N00 _____

Address: _____ City/State/Zip: _____

Program/Major: _____ Phone Number: () _____

Email: _____ @student.friends.edu

(Friends Financial Aid will only respond to your student email)

Friends University's Satisfactory Academic Progress (SAP) Policy indicates that undergraduates will lose eligibility for financial aid after attempting 186 credit hours. Based on your academic transcript, you are close to exceeding or have already exceeded the 186 hour maximum timeframe limit. Include your Student ID on all documents. *Please check your student email for correspondence from our office.*



You may request reconsideration of your financial aid denial by submitting an appeal that includes:

1. Your statement (in the space below) describing the extenuating circumstance(s) that prevented you from meeting SAP requirements, **AND**
2. Your explanation about what has changed and what will allow you to meet SAP requirements in the future, **AND**
3. Documentation that confirms your extenuating circumstance(s), **AND**
4. Your Falcon Map that outlines the coursework required to fulfill your degree requirements and this appeal form must be signed by your academic advisor.

****You will be notified through your Friends University email of the results within two weeks of the stated deadline****

SAP Appeal Deadlines:

Summer 2024 –

- May 28, 2024
- June 17, 2024
- July 8, 2024

Fall 2024 –

- August 12, 2024
- September 9, 2024
- October 7, 2024
- October 28, 2024
- November 18, 2024

Spring 2025 –

- January 6, 2025
- February 9, 2025
- March 9, 2025
- April 6, 2025
- April 20, 2025

We recommend that you submit your SAP appeal before the start of the semester for which you would like to receive financial aid. If a deadline falls on a weekend or a day that the campus is closed, the deadline will fall on the following business day. Appeals not turned in by the deadline date will be reviewed for the following semester. If you are only enrolled in a session within a semester i.e. Fall Session 1 or Fall Session 2 only, then you must submit your appeal two weeks prior to the session ending, if you are only enrolled in one session within a semester. SAP Appeals are due by each deadline date (or two weeks prior to the session ending if you are only enrolled in one session within a semester). Please allow two weeks from the stated deadline for the appeal process to be reviewed. You will be notified within that timeframe whether your appeal has been approved, denied or a request for additional documentation. **Incomplete or late appeals may jeopardize the reviewing of your appeal in a timeframe that would allow your financial aid to disburse for the semester you plan to appeal. All documentation submitted is confidential.**



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EXAMPLES of unusual circumstances and supporting documentation are listed below:

| Extenuating Circumstance(s) | | Required Documentation (letters should be printed on a professional letterhead and signed/dated) |
|-----------------------------|---|---|
| Work Related | ➤ Required overtime or required schedule change | <ul style="list-style-type: none"> • Letter from employer including effective date(s) and whether the increase in hours was mandatory |
| | ➤ Reduced hours resulting in increased childcare need, layoff, job loss | <ul style="list-style-type: none"> • Letter from employer • Termination/separation letter |
| Medical Condition | ➤ Serious illness or change in health status | <ul style="list-style-type: none"> • Letter stating doctor advised period of home rest • Record of doctor appointments • Letter stating doctor advised reduced course load |
| | ➤ Surgery/hospitalization | <ul style="list-style-type: none"> • Letter stating doctor advised period of recovery • Record of doctor appointments • Copies of medical bills documenting illness/injury |
| | ➤ Mental health issue | <ul style="list-style-type: none"> • Letter from doctor, therapist and/or counselor |
| | ➤ Dental emergency | <ul style="list-style-type: none"> • Record of dental office visit(s) • Letter from dentist • Letter from dentist advising period of recovery |
| Student's Child(ren) | ➤ Child's medical condition | <ul style="list-style-type: none"> • Records from daycare/school that child was required to be kept home (include in appeal the reasons for which alternative daycare was not available and what the specific plan would be if this occurred again in the future). • Records from doctor appointments • Letter from doctor advising period of recovery |
| | ➤ Daycare issue | <ul style="list-style-type: none"> • Letter from daycare provider • Letter from new daycare provider |
| Other Circumstances | ➤ Death of a loved one | <ul style="list-style-type: none"> • Obituary • Funeral Program • Letter from counselor |
| | ➤ Eviction | <ul style="list-style-type: none"> • Eviction notice • Letter from transitional housing program |
| | ➤ Assault/domestic violence | <ul style="list-style-type: none"> • Police report • Court documentation • Letter from clergy, social worker, counselor and/or doctor |
| | ➤ Other circumstances not listed | <ul style="list-style-type: none"> • Requires supporting documentation |



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APPEAL DECISIONS

If your appeal is approved you need to be aware of the following requirements:

1. **You must only take courses that are listed on your current academic plan, if your course needs change you will need to submit a letter of explanation along with documentation from your academic advisor.**
2. **You cannot have any withdrawals, incompletes, or “F” grades.**
3. **You must achieve a semester grade point average of at least 2.0 for undergraduate students and 3.0 for graduate students. A higher GPA may be necessary to reach academic probation or good standing.**
4. **You must submit an updated Falcon Map at the conclusion of each semester.**

****Note:** Your academic plan will become invalid if the financial aid office determines at any point that it is not mathematically possible for you to achieve probation status while this plan is in effect.

At the end of each semester, the Office of Financial Aid will confirm your fulfillment of these conditions. Students who fail to meet the outlined requirements will not qualify for future assistance. If, however, students encounter new extenuating circumstance(s), not reported in prior appeals, an additional appeal would be appropriate and could receive consideration. Approval of a subsequent appeal would require a new academic plan. Remember, the financial aid office cannot guarantee favorable appeal decisions.

Finally, if your appeal is approved, the information in this document will represent a contract between you, the student, and the Office of Financial Aid. Therefore, you must read, sign and return this agreement to the financial aid office before you can receive financial aid.



CERTIFICATION STATEMENT/REQUIRED SIGNATURES

Student Name: _____ Student Signature: _____ Date: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____

Typed signatures cannot be accepted.

IMPORTANT: KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

If you have any questions, please call (316) 295-5100. You may submit this form in person, fax (316) 295-5703 or mail. Please be sure and encrypt any email that contains personal identifiable information (PII). We are unable to accept PII that has not been encrypted.

If you purposely give false or misleading information, you may be fined \$20,000, sentenced to jail or both.