



**2023-2024**  
**Satisfactory Academic Progress Appeal**  
**For Title IV & Various Other Federal Programs**

**Instructions**

Please complete this form to appeal your ineligibility of Title IV aid. Failure to submit all documentation and follow instructions will result in a delay in the decision or denial of your appeal. If you have any questions, please contact the Financial Aid Office at 314-335-9648, or [holly.allen@barnesjewishcollege.edu](mailto:holly.allen@barnesjewishcollege.edu).

Please send your Satisfactory Academic Progress Appeal & supporting documentation to:

Goldfarb School of Nursing at Barnes Jewish College  
4483 Duncan Avenue  
Mailstop 90-36-697  
St. Louis MO 63110

**What you can expect from us after submission:**

Requests for SAP Appeals will be evaluated based on the following guidelines:

1. All requests will be thoroughly reviewed by the Satisfactory Academic Progress Committee.
2. Each request will be considered on a case-by-case basis. Decisions will be made based on government regulations and individual circumstances.
3. Decisions regarding SAP Appeals will be communicated in writing to the student.

**STEP 1: Student Information**

Name \_\_\_\_\_ ID# A \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Term Student Did Not Meet SAP:            SU23            FA23            SP24

**STEP 2: Reason for Financial Aid Suspension**

Please check all that apply. “I would like to appeal my financial suspension because...”

Cumulative GPA below 2.5:

I currently have a cumulative grade point average (GPA) below a 2.5 and feel that I have unusual circumstances. I am submitting an appeal asking to extend financial aid for one additional semester with an explanation of prior grades and what will be done to achieve a 2.5 by the end of the semester. If I am not maintaining SAP by the end of that term, I will be placed back on suspension with an opportunity to appeal again, for a different reason.

Ratio:

I currently have a cumulative completion ratio below the required standards (Please see the Satisfactory Academic Progress page for applicable completion percentages based on your program, and point in time in your program).

Time Frame:

I have exceeded the maximum 150% of terms of my program. Please complete the Timetable of Remaining Coursework for Degree Completion form.

**STEP 3: Reason for Appeal**

Please indicate which mitigating situation\* best applies to the reason you have experienced academic difficulty. You must provide a detailed explanation of the factors contributing to the lack of academic progress and also describe the steps taken to prevent future unsatisfactory academic progress.

Severe illness, medical condition or injury

If a medical problem contributed to the failure to maintain satisfactory academic progress, please attach documentation from a medical professional from whom you have received advice or treatment.

Death of family member or a close friend

Please attach appropriate copies of medical records, death certificate, obituary, etc.

Traumatic life-altering event such as fire, tornado, etc.

Please attach evidence of event such as insurance claim or FEMA application

Other Circumstances \_\_\_\_\_

Please clearly state the circumstance and provide appropriate documentation. \*All mitigating circumstances must be documented

**STEP 4: Student Appeal**

**Your appeal must be typed and must answer the following questions:**

Explain the circumstances that prevented you from maintaining satisfactory academic progress and the reasons for the basis of this appeal. You must include:

- what the problem was;
- when did the problem occur;
- how long did the problem last;
- how did this affect your ability to complete your coursework; and
- the steps you have taken to ensure this problem(s) will not be a factor in your future progress.

List the documents below that you have attached to support your appeal for reinstatement. Please explain how each relates or supports to the circumstance discussed in the questions above.

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**SECTION E: Sign This Worksheet**

I certify the information provided on this form and all supporting documents to be true and complete to the best of my knowledge. I understand if I am approved and I fail to meet satisfactory academic progress in future semesters, there will be no appeal process until I have reached the satisfactory academic standards and will no longer be able to receive Title IV aid at Goldfarb School of Nursing at Barnes Jewish College.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**



**Timetable of Remaining Coursework  
For Degree Completion**

*Only to be completed by those students who have exceeded the maximum time frame for degree completion (Students who will be here longer than the maximum number of terms).*

Student's Name

Student ID Number

Projected Graduation Date

Advisor's Signature

Tentative Courses for \_\_\_\_\_ Sem \_\_\_\_\_ YR  
Class Name Credit Hours

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Tentative Courses for \_\_\_\_\_ Sem \_\_\_\_\_ YR  
Class Name Credit Hours

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Tentative Courses for \_\_\_\_\_ Sem \_\_\_\_\_ YR  
Class Name Credit Hours

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Tentative Courses for \_\_\_\_\_ Sem \_\_\_\_\_ YR  
Class Name Credit Hours

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Tentative Courses for \_\_\_\_\_ Sem \_\_\_\_\_ YR  
Class Name Credit Hours

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Tentative Courses for \_\_\_\_\_ Sem \_\_\_\_\_ YR  
Class Name Credit Hours

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