

100 Arend & Nancy Lubbers Student Services Center One Campus Dr., Allendale, MI 49401

Phone: 616.331.3234 • Fax: 616.331.3180 • finaid@gvsu.edu

2025	5-20	026 Satisfactory A	cademic I	Progress (SAI	') Gradua	te Appeal Form
Student Name:Phone Number:				Student ID Number: G		
			E-mail:			
for addition	onal i	e writing your appeal, please information promptly. A dec I-2 weeks.				
Please su document		it the completed form w	ith the requi	red documentation	n: Your G# mu	st be included on all
yo ei	ou mi nsure	y of your grades if you have ust also submit your official these credits are reflected ule a meeting with your Acad	transcripts froi in your acaden	m the other institution in the other in the other institution in the ot	on to the GVSU	Admissions Office to
Please a	answ	ver the following quest	ions:			
W hat te	erm a	are you requesting aid?	□ Fall	□ W inter	□ S pring	□ Summer
What is	your	r anticipated graduation	date?			
Reason y	ou a	are not meeting SAP (plea	ase check one	e): If you are unsure, g	go to myBanner,	Financial Aid, Eligibility.
		Use the "GPA Calculator" of rades you would need to reg				
□ C		its Earned: Login to https:// What is your total Outstal				
	0	How many total credits ha	ive you earned	I (refer to your myPa	th)?	
□ E date.	xcee	eded Max Hours: Login to	https://studen	taid.gov and review y	our federal stud	dent loan borrowing to
	0	What is your total Outstan	nding Principal	Balance of all federal	loans?	
	0	When will you have comp	leted all requir	ements for your degr	ree?	
	0	Have you applied for gradua	ation? □ Ye	s 🗆 No		

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Please answer the questions below on a separate, typed piece of paper.

Please attach a personal statement to explain why your appeal should be approved to reinstate your financial aid eligibility. Your personal statement must address all of the following questions. Before turning in your appeal to the Financial Aid Office, have someone else read it for flow, grammar and proper spelling.

- 1. What circumstances have caused you to lose your eligibility for financial aid?
- 2. What specific steps have you taken and/or what steps will you take in order to be successful?
- 3. What are your specific goals for the future?

Degree Plan & Advisor Signature: Please work with your Academic Advisor to complete the following table.

Fall / Winter / Spring/Summer	Fall / Winter / Spring/Summer	Fall / Winter / Spring/Summer				
course credits	course credits	course credits				
total credits	total credits	total credits				
Fall / Winter / Spring/Summer	Fall / Winter / Spring/Summer	Fall / Winter / Spring/Summer				
course credits	course credits	course credits				
total credits	total credits	total credits				
Advisor Signature:						
Advisor Print Name:						
By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. I further understand that purposely giving false or misleading information may result in a fine, jail terms, or both.						
Student Signature:		Date:				

Please return your completed form and required documentation to the Office of Financial Aid & Scholarships. Be sure to include your name and G Number on all pages. Missing information may delay processing.

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