

SATISFACTORY ACADEMIC PROGRESS POLICY FINANCIAL AID APPEAL FORM

Please complete form and return via email to: financialaid@unsw.edu.au		
Student Name	Student ID	
Telephone E	E-mail	
Reminder: Please review your e-mail, address, and telephone number where you can be reached during daytime hours. Your appeal decision will be emailed to your UNSW student email address.		
Term for which you would like financial aid reinstate	ted: Term Year	
Appeals for reinstatement of aid:		
financial aid,	must be the term you would like the reinstatement of mstances beyond the control of the student, and and include documentation as necessary.	
□ Students must include all necessary documentation to support the existence of extenuating circumstances described and evidence that the circumstances have been resolved. Appeals without documentation will be denied.		
·	emic plan along with a financial aid appeal. The plan must nd/or off campus resources to receive assistance while without an academic plan will be denied.	
Appeals based upon circumstances that were under the control of the student are rarely approved. Appeals will not be reviewed if received 14 days after the notice of suspension.		
the appeal process is complete and a decision has b	lity remain ineligible to receive financial aid assistance until been made by the Financial Aid Office. Students should be nal expenses until s/he has been approved to receive	
My signature certifies and confirms that I have read accurate, complete, and current information.	d and I understand all instructions and that I have provided	
Student Signature		
Date		

Please describe in specific detail the unique and extenuating circumstances under which you were unable to fulfill the requirements of the Satisfactory Academic Progress (SAP) Policy for Financial Aid Eligibility. Indicate how your circumstances have changed so that you can comply with the policy in the future. Explanations of your need for financial aid are not necessary, as your application for aid details this information.		
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If additional space is needed, please feel free to attach additional pages.	Sign & date on page one.	
Financial Aid Office Use Only:	Dete	
Approved for probation by:	Date:	