

OFFICE OF FINANCIAL AID

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SAP (Satisfactory Academic Progress) Appeal for Financial Aid Reinstatement

Name:		Student ID#:		
Current Address	:	City	State	_Zip
Phone:				
The term in which	ch you wish to return (circle	one): FALL SPRING S	SUMMER YE	EAR:
Please check whi	ich reason/s why you are ap	pealing your financial a	id:	
	uccessfully obtain a minimun uccessfully obtain a minimun			
Please answer th documentation is	e two questions below on a s f necessary.	separate sheet of paper.	You will want to	o be specific and provide
1. What circ	cumstance prevented you from	n completing the term suc	ecessfully?	
	e you done or what changes hin future terms?	nave occurred so that the	circumstances de	scribed will not hinder your
office.		along with this form and	l your letter and	return to the Financial Aid
□ SAP Appea □ Explanation	ll Form n letter answering two questic	ons above, please be speci	ific	
	Γranscript (obtained from Reg	-		
	Plan (obtained from Advisor) documentation to support you	ur explanation.		
understand that th	turned in by the posted deadli	d until supporting docume	entation is receive	nentation is true and correct. I ed or if the appeal is incomplete. Award packaging for appeals is
Student Signature		····	Date	
	**************************************			********
	Reason			
Evaluator:		Date:/		NID-YEAR: