

600 Forbes Avenue | Pittsburgh, PA 15282 412.396.6607 (tel) | 412.396.5284 (fax) duq.edu/financial-aid

Satisfactory Academic Progress Appeal Form

Student Name:		Student ID:	
Term and Award	d Year (Example: Fall 202X):	Date:	
an appeal may b	e granted in limited circumstances on	y academic progress and is no longer eligil a case-by-case basis. This form serves as a ve this appeal reviewed and to receive fin	an appeal for reinstatement of
In order to requ	est a satisfactory academic progress a	ppeal please submit the following with t	his form:
1. A typed a. b.	•	evented you from meeting the required SA e changed, enabling you to meet the SAP s r academic performance.	
	t's name and student ID. Examples of s Doctor's note or letter from a physici Legal documents	ian	iicial letterhead and include the
not be considere	ed for approval. I understand that if th	en if an appeal decision has not yet been his appeal is granted, I am required to me pen. Electronic signatures are not accept	et the conditions that will be
Signature:		Date:	
Certification:			

Please email this completed form along with documentation to faoffice@duq.edu or use our secure document upload.

receive approval of this request for reinstatement of financial aid.

My signature above indicates that the information and documentation I have provided pertaining to this appeal are true and complete to the best of my knowledge. Further, I authorize the Satisfactory Academic Progress Appeals Committee to access my academic and financial records for review of my SAP appeal. I also understand that I am not eligible for financial aid unless I