MEDICAL STUDENT SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

NAME________________________________________ MSU PID________________________

Last semester attended______________________ Terms for which aid reinstatement is requested________________________

Reason for denial of financial aid (check all that apply):

☐ I am veterinary medical student and do not have a cumulative GPA of at least 2.00, a prior semester term GPA of 2.0 or greater and have outstanding 0.0 grades

☐ I am a student in the College of Osteopathic Medicine and have not passed at least 80% of my courses in the Pass/No Pass system

☐ I am a student in the College of Human Medicine AND

☐ Have been reinstated in the college after review by the Student Performance Committee (must only complete Page 2 of SAP form as CHM has already documented student’s approval for continued studies) OR

☐ have been notified by OFA that I have a high No Pass ratio (must complete Page 2 and 3 of SAP form according to step 1 and step 2 outlined below)

☐ I have reached the published time limit of my program as a veterinary or medical student

☐ I have withdrawn from MSU more than three times

Students placed in Financial Aid Denial, if not recessed or dismissed, may appeal for reinstatement of financial aid when extenuating circumstances exist. Support from the student’s college is required. Appeals are reviewed by representatives of the Office of Financial Aid, with input from academic administrators when appropriate.

1. The student must:
   • Submit a personal statement explaining why you failed to achieve satisfactory academic progress. The statement include any relevant factors such as illness; unusual demands upon you due to family, work, or life circumstances; and your perspective on what led to this academic difficulty.
   • Explain how your circumstances have changed, allowing you to successfully make satisfactory progress. Include resources you intend to use to assist you in becoming successful.
   • Submit third-party documentation supporting your appeal, if appropriate.

2. Your college must complete and sign page 3 of this document:
   o CVM students should contact Dr. Sprecker
   o COM students should contact Robin Hastings
   o CHM students should contact the appropriate Block Director

No incomplete appeals will be considered.

This appeal is for financial aid purposes only. It does not substitute for college review of your progress and will not influence whether you are recessed or dismissed from Michigan State University.

Return the completed appeal form with documentation to the Office of Financial Aid at the address above.
Use the lines below to provide a personal statement describing the reasons and circumstances surrounding your insufficient academic progress. You must also EXPLAIN HOW CIRCUMSTANCES HAVE NOW CHANGED to allow you to meet the satisfactory academic progress standards if your financial aid is extended. Use extra pages if necessary, and attach all documentation. The student must sign this form and all supplemental pages.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND COMPLETE.

______________________________
STUDENT SIGNATURE

______________________________
DATE

______________________________
MSU PID

FORM TO BE COMPLETED BY STUDENT’S COLLEGE

This form must be used to support a student’s appeal for the reinstatement of financial aid. It is not to be used in lieu of a decision to recess or dismiss a student for lack of academic progress as defined by University policy.

STUDENT NAME_____________________________ MSU PID_____________________

College________________________

I support allowing the student an additional semester or semesters of aid eligibility contingent on successfully adhering to the Academic Plan recommended by the college. The above named student has met with the college’s performance/evaluation committee and understands the required performance needed to be considered in good standing.

___________________________________________________________________________Date:_____________________________

Printed Name:_________________________________________________________________________________________________

Title________________________

Phone/Email____________________________Department/College________________________

Medical condition:
The student has supplied documentation supporting his/her personal or family member’s medical condition which I support as sufficient to warrant the appeal: (circle YES or NO)

Signature of academic official preparing the plan:

___________________________________________________________________________Date:_____________________________

Printed Name:_________________________________________________________________________________________________

Title________________________

Phone/Email____________________________Department/College________________________