



Satisfactory Academic Progress Appeal (Levels 2 & 3)

If you have been notified that you are on Financial Aid Satisfactory Academic Progress (SAP) Suspension, and you believe that circumstances beyond your control caused or contributed to you not meeting financial aid SAP requirements, you may use this form to appeal for reinstatement of your financial aid eligibility.

SECTION

A:

Name: _____ MBU ID: _____

Phone: _____ MBU Email: _____

Term for which you wish to appeal to receive aid: ☐ Fall 2025 ☐ Spring 2026 ☐ Summer 2026

SECTION B: Provide BOTH parts 1 and 2 below for your appeal to be considered.

- **Part 1: Statement of Mitigating Circumstances:** Explain what circumstances caused you not to be able to meet Financial Aid SAP requirements on an attached page.
- **Part 2: Documentation:** Attach thorough documentation for your circumstances. Types of documentation for different circumstances may include medical records, death certificates, court documents, letters from officials such as professors, pastors, psychologists regarding your circumstances, etc. If you are not sure what to provide, contact the financial aid office. **YOU MUST BE ABLE TO DOCUMENT YOUR SITUATION IN ORDER TO HAVE YOUR APPEAL CONSIDERED.**

SECTION C: Certification and Signature - I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of information given on this form if required to do so for consideration of my request. I also understand that submission of this form does not guarantee approval. I understand if this appeal is approved, it will be on condition that I meet with my academic advisor during the first week of class to create an academic plan and the financial aid office will also require that specific conditions be met in the upcoming semester in order to receive financial aid on a probationary basis. I also understand that if my appeal is approved, and I do not meet the conditions of my academic plan my financial aid eligibility will be suspended.

Signature

Date

Return this form

by email: Finaid@marybaldwin.edu	through the Document Portal: located on the financialaid.marybaldwin.edu homepage	in person: Administration Building Ground Floor	by fax: 540- 887-7229	by mail: Mary Baldwin University Office of Financial Aid Staunton, VA 24401
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FINANCIAL AID OFFICE USE ONLY

Following _____ Semester

For _____ Semester

Program Name:

Advisor Name:

Comments:

Approve

Deny

Further Review