

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

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The Graduate Financial Aid Satisfactory Academic Progress Policy requires that students complete their program of study/degree within a maximum number of attempted credits allowed by their degree level. This is referred to as Maximum Completion Timeframe. This Appeal Form is used to request reconsideration of your financial aid eligibility by providing documentation of your individual circumstances.

**The Financial Aid Satisfactory Academic Progress Appeal must include:**

- An explanation of your academic history (i.e. reasons you are taking additional credits or seeking an additional degree/licensure)
- An academic plan signed by your academic advisor that outlines (semester by semester) the remaining coursework and credits required to fulfill the outcome (i.e. degree or licensure) you are seeking
- Documentation from an objective third party confirming the need for the additional credits or additional degree/licensure (if applicable)

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I certify the information provided as part of my appeal and any supporting documentation is accurate, true, and complete to the best of my knowledge. I understand that I may submit only one Financial Aid Satisfactory Academic Progress Appeal. I will provide additional supporting information if requested by the Financial Aid Office. I understand that misrepresentation of facts in connection with this appeal may be sufficient cause for cancellation or repayment of my financial aid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Original Signature Required)University of St. Thomas | Financial Aid Office, Mail 5007 | 2115 Summit Ave. | St. Paul, MN 55105  
Phone: 651-962-6550 | Email Completed Document to: <https://liquidfiles.stthomas.edu/filedrop/FinancialAidFileDrop>

Financial Aid Office Use Only:	Aid Year: _____
___ Approved    ___ Denied    Comments: _____	
FAO Signature: _____	Date: _____