



# Satisfactory Academic Progress Appeal Form

Full Name \_\_\_\_\_ Student ID \_\_\_\_\_  
First Middle Last

Degree Program \_\_\_\_\_ Last Name of Advisor \_\_\_\_\_

**In order to request reinstatement of your financial aid benefits, please complete the following:**

- Attach a typed letter of appeal which explains your failure to meet the Satisfactory Academic Progress (SAP) standard during the past semester. Please be specific, listing any pertinent factors and explaining your response. You are welcome to attach any documentation that may be helpful in supporting your appeal, such as a letter of explanation from an employer, ministry leader, counselor, instructor, etc. You are also invited to provide any pertinent documentation such as a hospital record, accident report, etc.
- Please also request a letter of recommendation from either your academic advisor, student development dean or a Western Seminary faculty member.
- Attach a completed copy of the Satisfactory Academic Progress Agreement form.
- Attach a completed copy of the Satisfactory Academic Progress Advising form.

**Please return this form  
and accompanying materials to:  
WESTERN SEMINARY  
ATTN: FINANCIAL AID OFFICE  
5511 SE Hawthorne Blvd  
Portland, OR 97215-3367  
(503) 517-1801 fax  
or via email at  
finaid@westernseminary.edu**

**OFFICE USE ONLY**

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Financial Aid Director \_\_\_\_\_ Date \_\_\_\_\_

Referred to \_\_\_\_\_ for additional review.

Comments/Provisions \_\_\_\_\_

This form serves as your contract for regaining SAP-related financial aid eligibility for: \_\_\_\_\_ (list academic year).

Full Name \_\_\_\_\_ Student ID \_\_\_\_\_  
First Middle Last

Degree Program \_\_\_\_\_ Last Name of Advisor \_\_\_\_\_

**I agree that I will fulfill each of the following terms of this agreement to continue to receive my financial aid benefits at Western Seminary (please initial each statement and sign below):**

- \_\_\_\_\_ I will meet with my academic advisor by the second Friday of the term to discuss my academic progress and complete the Satisfactory Academic Progress (SAP) Academic Advising form (attached).
- \_\_\_\_\_ I will pass all my classes with an acceptable GPA (as indicated below), meet the terms set forth in my academic plan, or meet the terms of my academic probation (if applicable).
- \_\_\_\_\_ I understand that to meet the satisfactory academic progress standard for financial aid purposes, I must maintain an acceptable cumulative GPA and a completion percentage of at least 67%.
- \_\_\_\_\_ I will discuss any failed courses with my advisor and repeat courses as needed to raise my cumulative GPA.
- \_\_\_\_\_ I will attend class regularly and arrive on time.
- \_\_\_\_\_ I will meet with my instructors regularly to monitor my academic progress.
- \_\_\_\_\_ If I am receiving financial aid benefits, I will meet with the Financial Aid director prior to withdrawing from any courses to review how it may affect my financial aid eligibility.

**FINANCIAL AID GPA REQUIREMENTS BY PROGRAM**

| <b>Program</b>  | <b>Minimum GPA</b> |
|---|--------------------|
| Graduate Studies Certificate or Diploma, Master of Divinity   | 2.5                |
| M.A. Biblical and Theological Studies, M.A. Counseling, M.A. Global Leadership, M.A. Ministry and Leadership, Th.M., D.IS., Ed.D., D.Min. | 3.0                |

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Satisfactory Academic Progress Advising Form

Please complete this form in conjunction with your academic advisor and submit to the Financial Aid Office with the Satisfactory Academic Progress agreement.

Full Name \_\_\_\_\_ Student ID \_\_\_\_\_  
First Middle Last

Degree Program \_\_\_\_\_ Last Name of Advisor \_\_\_\_\_

SEMESTER: \_\_\_\_\_

| COURSE ID | COURSE TITLE | CREDITS |
|-----------|--------------|---------|
|           |              |         |
|           |              |         |
|           |              |         |
|           |              |         |

TOTAL CREDITS: \_\_\_\_\_

GPA NEEDED: \_\_\_\_\_

NEW CUMULATIVE GPA: \_\_\_\_\_

SEMESTER: \_\_\_\_\_

| COURSE ID | COURSE TITLE | CREDITS |
|-----------|--------------|---------|
|           |              |         |
|           |              |         |
|           |              |         |
|           |              |         |

TOTAL CREDITS: \_\_\_\_\_

GPA NEEDED: \_\_\_\_\_

NEW CUMULATIVE GPA: \_\_\_\_\_

SEMESTER: \_\_\_\_\_

| COURSE ID | COURSE TITLE | CREDITS |
|-----------|--------------|---------|
|           |              |         |
|           |              |         |
|           |              |         |
|           |              |         |

TOTAL CREDITS: \_\_\_\_\_

GPA NEEDED: \_\_\_\_\_

NEW CUMULATIVE GPA: \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_