



Financial Aid Reinstatement Request For Satisfactory Academic Progress

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 hospital record, accident report, etc.
- Please also request a letter of recommendation from either your academic advisor 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 retaining financial aid benefits for the 2012-13 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 semester 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 complete 75 percent of the courses I attempt.
- _____ I will discuss any failed courses with my academic 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.

GPA REQUIREMENTS BY PROGRAM:	
Program	Minimum GPA
Graduate Studies Certificate or Diploma	2.5
Master of Divinity	2.0
M.A. International Studies, M.A. Ministry and Leadership	2.5
M.A. Biblical and Theological Studies, M.A. Counseling, Th.M., D.Miss., D.Min.	3.0

Signature _____ Date _____

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 _____