

Financial Aid Office

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Scan completed form and upload to <https://forms.luc.edu/faupload>



Preparing people to lead extraordinary lives

2025–2026 Satisfactory Academic Progress (SAP) Appeal Stritch School of Medicine Students Only

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

In order to be reconsidered for federal/state financial aid, students who are not meeting the U.S. Department of Education's Satisfactory Academic Progress (SAP) regulations at Loyola must submit an appeal with all necessary documentation. To view the U.S. Department of Education's SAP regulations, visit our website: http://www.luc.edu/finaid/responsibilities_progress.shtml

YEAR	DEADLINE TO SUBMIT APPEAL
M1/M2	July 25, 2025
M3/M4	May 9, 2025

Appeal must include all of the following:

- 1) An attached statement describing the specific reason(s) beyond your control (events and/or circumstances) that directly contributed to the lack of meeting the satisfactory academic progress requirements. Specific dates of the events (in cases of illness, accidents, etc.) should be included. The circumstance(s) must have occurred during the term for which you were not able to meet the requirements.
- 2) In the statement you will need to describe in detail the steps you will taking going forward to ensure that you will be meeting the requirements of SAP.
- 3) Documentation is REQUIRED to support your circumstance(s), and must be attached.
- 4) Signature by academic advisor/faculty mentor confirming a discussion of a plan of corrective action has taken place (see below).

*****PLEASE NOTE: THIS APPEAL ONLY APPLIES TO FEDERAL FINANCIAL AID******

For Student Affairs to complete:

The student and I have developed and reviewed his/her academic plan.

I have met with (name of student) _____ and we have discussed a plan for corrective action regarding her/his academic progress. The written plan is on file in the student's advisement file.

Advisor Name (please print) _____ Title _____

Signature (wet) _____ Date ____/____/____

Certification Statement:

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. I understand that all decisions made by the committee are final and will not be reconsidered.

Student Signature*

**Typed and digital signatures are not acceptable*

Date

1S 2026