

Financial Aid Office

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



Preparing people to lead extraordinary lives

2026-27 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/financial/responsibilities_progress.shtml

Appeal Deadline: 30 days after official notification of SAP Suspension, or the first day of the term after a return from LOA, whichever is later.

Appeal must include all of the following:

- 1) A personal statement that:
 - Includes an explanation of any relevant extraordinary circumstances,
 - Addresses the reason(s) for failing to meet the minimum academic requirements, and
 - Explains how your situation has changed and how issues have been addressed and resolved. Include as many specifics as possible, including corrective action(s) you have identified and will follow.
- 2) Third-party documentation that verifies the circumstances outlined in your personal statement.
 - This may include medical records with dates of service included, police reports, obituaries, statements from employers, academic advisers, professors, professional health care workers, or other appropriate parties.
 - Statements from family members or friends cannot be accepted as third-party documentation.
- 3) 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*

Date

**Typed and digital signatures are not acceptable*

1S 2027