## **INSTRUCTIONS TO FILL OUT SAP APPEAL**

1. To appeal the loss of your federal aid, you will need to go to <u>https://ship.studentforms.com/</u>. This will bring you to the myShip single sign-on.

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	Exercise   Description   Description	Hara I
	Questions? http://www.inter. Follow US-githupTechformics on Twitter	

- 2. First time users entering <a href="https://ship.studentforms.com/">https://ship.studentforms.com/</a> are required to complete the Register Account screen (see below).
- Some information might be pre-populated; however, the student must match **FIRST NAME**, **LAST NAME**, **DATE OF BIRTH**, & **SOCIAL SECURITY NUMBER** exactly as it appears on their FAFSA in order for the account to be created. The student will not be able to create an account if the SSN has been flagged with the Social Security Administration when completing the FAFSA.

	* Required
Confirm Student Information	
Information provided in the fields below must match informa Free Application for Federal Student Aid (FAFSA), Please mak corrections to ensure an exact match to the FAFSA.	ation provided on the e any necessary
Why do I have to provide this? • First name	
• Last name	
• Date of birth	
• Social security number	
• Preferred Email	
• Confirm email	
Student ID	
Phone Number Provide a phone number to subscribe to mobile phone text me updates. [Standard text message charges apply]	essages for account
7	Register Account

3. If the student previously created a username, they may enter the information and select login.

Secure	Login
Username	Forgot Username?
Password	Forgot Password?
	Login
Cre	eate Account
Not a stu	dent? <u>Parent Login</u>
By using the site, you a	agree to the <u>Terms of Use</u> .

4. If this is the first time the student is visiting the site, they will need to create an account by clicking the "Create Account" button (see below).

4	Secure L	ogin
	Username	Forgot Username?
	Password	Forgot Password?
		Login
	Crea	ate Account
	Not a stud	ent? <u>Parent Login</u>
В	y using the site, you ag	ree to the <u>Terms of Use</u> .

5. After the student has created their account, they receive an account confirmation email with a link to verify their email address. If the student does not verify their email address, they will not be able to use the "forgot username" or "forgot password" links on the login page in the future.

🐣 Create Account	
* Preferred Email	* Required
*Confirm email	
•Choose username	Username requirements
•Create password	Password requirements
*Confirm password	

## Confirm Student Information Information provided in the fields below must match information provided on the Free Application for Endered Student Aid (EAESA). Plages make appr

the Free Application for Federal Student Aid (FAFSA). Please make any necessary corrections to ensure an exact match to the FAFSA.

 

 Why do I have to provide this?

 • First name

 • Last name

 • Date of birth

 • Date of birth

 • Social security number

 Student ID

 Phone Number

 Provide a phone number to subscribe to mobile phone text messages for account updates. (Standard text message charges apply)

Create Account

6. Once the account is created successfully, the student is redirected to the login screen to login.

		Secure	Login
	Useri	name	<u>Forgot Username?</u>
	Passv	word	Forgot Password?
-			Login
		Ci	reate Account
		Not a st	udent? <u>Parent Login</u>
	By usin	ng the site, you	agree to the <u>Terms of Use</u> .

7. Once logged in, under the "Needs Action" tab select "Manage Requests"

Ê	Needs Action	Needs Action		26.		20.		20.		20.		Nerre Descrite
~	Completed Actions	Necus Action								_		Manage Requests
ľ	My Docs	R <sup>1</sup>				You're	all caught up rigi	ht now.				
	Activity	Sandbox	Testing	Sandbox	Testing	Sandbox	Version 22.71.31034	Sandbox	Testing	Sandbox	Testing	Sandbox
<b>1</b>	Contact Us	Candhov		Condhov		Candhov	Accessibility Statement	Candboy		Candhov		Condhoy

8. You will then select "SHIP SAP Appeal" for the appropriate aid year and term (Fall, Spring, or Summer) for which you are requesting Federal aid.

1anage Requests		
ou can request to open an appeal or upload a specific docun vish to proceed. If you are unsure which award year to choos chool.	nent or close the req se for a request, plea	uest if you no long ise confirm with yo
Request Type	2024-2025	2025-2026
SHIP SAP Appeal	+	+

9. Once you select the aid year an important box will come up that you need to read. It has important information about doing a SAP Appeal and the deadlines for each term to submit an appeal.

In the "explain your reason box," just put:

Failed SAP for (whatever previous term you failed Sap in) of (whatever year the term was in)

## \*\*\*This is not your appeal letter\*\*\*

Add Request	×
SHIP SAP Appeal 2024-2025	^
STOP & READ!	
Students wishing to complete a SAP Appeal for reinstatement of federal aid <b>must</b> :	:
<ul> <li>Have a valid FAFSA that has been completed and verified by the financial aid office</li> </ul>	
<ul> <li>If academically dismissed, you must be reinstated before a SAP appeal can be submitted.</li> </ul>	1
Please Note: All complete SAP Appeals must be submitted no later that 30 calendar days after the add/ drop date of the current term.	
<ul> <li>Deadline Spring Term - Feb 27th, 2025</li> </ul>	
Deadline Summer Term - Jun 27th, 2025	,
Submit Go Bac	k

Add Request	×
<ul> <li>Deadline Spring Term - Feb 27th, 2025</li> </ul>	^
<ul> <li>Deadline Summer Term - Jun 27th, 2025</li> </ul>	
**(Late appeals for extenuating circumstances may be approved on a case-by-case basis)	1
***In the space below type reason for request***	
(Ex. Failed SAP after Fall 2024 term)	
Please explain your reason for this request.	
Failed SAP after (TERM 20xx) term	
Characters left: 222/255	~
Submit Go Bac	:k

10. Once you hit submit the Needs Action window will open up. Selecting anywhere on the Needs Action box to bring up the SHIP SAP Appeal task. Click on the task to provide directions on how to complete the SAP Appeal.



11. Once a task is open, fill out the SAP Appeal form and upload the appropriate documents. <u>Please read all</u> <u>instructions and prompts to be sure the SAP Appeal is submitted correctly</u>.

✓ SHIP SAP Appeal	
Satisfactory Academic Progress (SAP) Appeal	
<ul> <li>Please be sure to follow the instructions carefully and submit all required documents listed in these instructions. Your appeal will be reviewed once you complete all of the following steps:</li> <li><b>1. SAP Appeal Form</b> filled out, which identifies the reason for appeal</li> <li><b>2.</b> Provide a typed <b>Appeal Letter</b> that describes your reason for appeal and changes you have made. (Maximum One Page)</li> <li><b>3.</b> Upload <b>Third Party documentation</b> (which helps support the claim(s) you made in your appeal letter)</li> <li>Refer to documentation required for appeal reason in selected in Section One of your Federal Financial Aid Appeal Form for guidance.)</li> </ul>	
Railed SAP for (TERM) of (20xx)	
Appeal Status: Open	
O SHIP SAP Appeal ●	C Fill Out
Upload SAP Third Party Documentation	<b>↑</b> Upload
O Upload SAP Appeal Letter €	<b>↑</b> Upload

12. When completing the SAP Appeal Form, make sure your demographics are filled out completely and are correct, then continue to the Instructions section. Make sure you read the instructions carefully, so you know what is needed and how to proceed with the SAP Appeal before moving forward.

After reading the Instructions, select the Term Appealing For and the Aid Year for Appeal.

ks > SHIP SAP Appeal	x Sandhox	Sandbox	, wax Sandhax	work Sandhox	,u 20.
ographics	Student Demo	graphics			
AP Appeal	Student First Name:				
f SAP Appeal	ADLEY				
	Student Last Name:				
ident Tasks	TESTINGCLEAN				
	Ship ID:				
	4273149				
	Ship Email Address:				

	fully and submit all required documents listed in these instructions. Your appeal will be reviewed once you complete all of the following steps:
1. Select Reason for Appeal	
2. Upload a typed one-page Appeal Lett	er that describes and explains your reason for appeal, and the changes you have made.
3. Upload Third Party Documentation	/hich helps support your claim(s) you made in your appeal letter.
	**Incomplete Appeals will not be processed**
erm Appealing For	•
Please select an option	
Ald Year for Appeal	0
Please select an option	
lease select all option	

13. In the Reason for Appeal section, please make sure you select <u>one</u> of the reasons listed below that closely matches your reason for doing a SAP Appeal. Make sure you pay attention to what information is needed to be provided in your Appeal Letter, and the required Third-Party documentation that will be needed to submit.

<ul> <li>Please select reason for your appeal and pay attention to the information you will need to explain in your SAP Appel Letter based on your reasoning.</li> <li>Student Injury or Illness • Explain the nature of your illness or injury (including dates) in your appeal letter.         <del>Required Third-Party Documentation:</del>         Statement from the attending physician, therapist, or counselor. This letter must be on their office letterhead and signed by the medical professional providing the statement. We will not accept medical records or a prescription pad note.         State the relationship of the ill/injured person to you and explain the nature of the illness or injury (including dates) in your appeal letter and how it impacted you.         State the relationship of the ill/injured person to you and explain the nature of the illness or injury (including dates) in your appeal letter and how it impacted you.         Required Third-Party Documentation:         Attach a statement from the attending physician, therapist, or counselor. This letter must be on their office letterhead and signed by the medical professional providing the statement. We will not accept medical records or a prescription pad note.         </li> </ul>		Reason For SAP Appeal
<ul> <li>Student Injury or Illness</li> <li>• Explain the nature of your illness or injury (including dates) in your appeal letter.</li> <li>Required Third-Party Documentation:</li> <li>Statement from the attending physician, therapist, or counselor. This letter must be on their office letterhead and signed by the medical professional providing the statement. We will not accept medical records or a prescription pad note.</li> <li>Illness or Injury of an immediate family member (Parent, Grandparent, or Sibling)</li> <li>• State the relationship of the ill/injured person to you and explain the nature of the illness or injury (including dates) in your appeal letter and how it impacted you.</li> <li>Required Third-Party Documentation:</li> <li>Attach a statement from the attending physician, therapist, or counselor. This letter must be on their office letterhead and signed by the medical professional providing the statement. We will not accept medical records or a prescription pad note.</li> </ul>		Please select reason for your appeal and pay attention to the information you will need to explain in your SAP Appel Letter based on your reasoning.
<ul> <li>Death of an immediate family member (Parent, Grandparent or Sibling)</li> <li>Death of an immediate family member (Parent, Grandparent or Sibling)</li> <li>State the relationship of the deceased to you in your appeal letter and how it impacted you.</li> <li>Required Third-Party Documentation:</li> <li>Attach a copy of the death certificate or obituary.</li> <li>Other extenuating circumstance</li> <li>Explain the extenuating circumstances</li> <li>Explain the extenuating circumstances outside of your control and how it affected you academically.</li> <li>Required Third-Party Documentation:</li> <li>Provide documentation to support the reason(s) you state in your appeal letter</li> </ul>	READ!	Please select reason for your appeal and pay attention to the information you will need to explain in your SAP Appel Letter based on your reasoning.  Student Injury or Illness • Explain the nature of your illness or injury (including dates) in your appeal letter. Reauled Third-Party Documentation: Statement from the attending physician, therapist, or counselor. This letter must be on their office letterhead and signed by the medical professional providing the statement. We will not accept medical records or a prescription pad note.  Illness or Injury of an immediate family member (Parent, Grandparent, or Sibling) • State the relationship of the ill/injured person to you and explain the nature of the lillness or injury (including dates) in your appeal letter and how it impacted you. Resulted Third-Party Documentation: Attach a statement from the attending physician, therapist, or counselor. This letter must be on their office letterhead and signed by the medical professional providing the statement. We will not accept medical records or a prescription pad note.  Death of an immediate family member (Parent, Grandparent or Sibling) • state the relationship of the deceased to you in your appeal letter and how it impacted you. Reaured Third-Party Documentation: Attach a copy of the death certificate or oblitary. • Chere extenuating circumstance • Explain the extenuating circumstance • Explain the extenuating circumstance • Explain the extenuating circumstance • Content extended and how it affected you academically. Reaured Third-Party Documentation: • Explain the extenuating circumstance • Explain the statement is your appeal letter • Provide documentation is support the rescorify you state in your appeal letter

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14. When completing the Conditions of SAP Appeal, make sure each box is checked to attest that you understand the conditions of the SAP Appeal. Without this section being completed your SAP Appeal will not be processed.

Conditions of SAP Appeal Please read the following statements and check off on each to confirm that you understand the conditions of submitting a SAP Appeal.		
**All boxes must be check off on for appeal to be processed.**		
I certify that all information and documentation submitted in this appeal is accurate and true to the best of my knowledge.		
I understand that the submission of this appeal does not guarantee reinstatement of my Federal (Title IV) Financial Aid.		
I understand that if my completed appeal is not submitted for the current term by deadline ( <u>30 calendar days after drop/ add date</u> ), I will need to find alternative funding for that term.		
Deadline Spring Term - February 27th, 2025		
Deadline Summer Term - June 26th, 2025		
I understand that if a decision about my appeal has not been made by the billing due date, I will have to make payment arrangements with the Student Accounts Office.		
I understand that appeals based on being unaware of the Satisfactory Academic Progress Policy or lack of motivation will not be considered, as this is not an extenuating circumstance.		
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- 15. After you complete the Conditions of SAP Appeal, you will need to sign the SAP Appeal. If you choose to opt out of E-Sign Pin, you are required to download and print the form, manually sign and upload it into Student Forms then submit.
- 16. Once signed, you will then be directed to upload your Appeal Letter and your Third-Party Documentation. After everything is uploaded you need to make sure you submit your completed SAP Appeal.