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Financial Aid Satisfactory Academic Progress Appeal

Student's Name:		USC ID:	
Semester for appeal (i.e. Fall 2025):		USC Aiken Email:	@usca.edu
Careful	form if eligibility to receive financial aid has been soly read and follow the instructions below to subminancial Aid Satisfactory Academic Progress (SAP) Applications	t your appeal. Once your appeal has b	peen reviewed by the
Deadline for receipt of appeals in the Office of Financial Aid is the Last Day of Drop/Add for the semester.			
Check	Reason for Appeal	REQUIRED Supportin	ng Documentation
One	Serious illness or injury to student or immediate family member (parent, spouse, sibling, child) that required extended recovery time	 Letter of appeal from student addre Statement from the physician on let nature and dates of the illness or inj 	ssing academic performance. terhead explaining the
	Death of an immediate family member	 Letter of appeal from student addre Photocopy of the death certificate o your relationship to the deceased. 	•
	Job-related Issues	 Letter of appeal from student addre A detailed explanation regarding the the job-related issue (include dates to overcome this issue). 	e specific circumstances of
		 Supporting documentation from you their contact information. 	ur employer, including
	Victim of a crime	Letter of appeal from student addreCopy of police reports of incident(s)	•
	Other (please specify):	Letter of appeal from student addreSupporting documentation of specia	•
	For students reaching Maximum Timeframe Second-Degree, Double Major or Change of Major	 Letter of appeal from student addre Provide details on when intending to degree(s). 	•
	itial review, you may be required to submit an Acad sions by the Financial Aid SAP Appeals Committee a		e made on your appeal.
All su	By signing this form, I certify I have re upporting documentation is true and accurate. Incom reviewed. Submission of falsified documentation		mentation) will <u>NOT</u> be
Student Signature:		Date:	