CHICAGO STATE UNIVERSITY

OFFICE OF STUDENT FINANCIAL AID
9501 SOUTH KING DRIVE – ADM 207
CHICAGO, ILLINOIS 60628-1598
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GRADUATE PETITION FOR REINSTATEMENT OF FINANCIAL AID ELIGIBILITY

This petition is for the following semester (please complete and ✔ one only):
____ Fall 200_____ ____ Spring 200_____ ____ Summer 200_____

NAME_____ SSN_____

TELEPHONE (_____) _____

The Financial Aid Satisfactory Academic Progress (SAP) Policy of Chicago State University (CSU) measures whether students are progressing at a reasonable rate toward the completion of their educational objectives. Students must be in compliance with the SAP Policy in order to maintain continued financial aid eligibility.

All graduate students must maintain a cumulative Grade Point Average (GPA) of at least 3.00. Graduate students are also required to maintain a completion rate of at least 67 %.

You have been notified that your educational progress has recently been evaluated, based upon your completion of the most recent semester for which you were enrolled. This evaluation indicates that you are not in compliance with the SAP Policy due to your failure to meet the criteria discussed in the previous paragraph.

You may, at this time, petition the Financial Aid Appeals Board for reinstatement of financial aid eligibility. **Your petition must document mitigating circumstances**, such as injury, illness, death in the family, or other emergencies, which have limited your ability to progress in your studies at a reasonable rate. Please use the space provided below to set forth those circumstances. Make your statement brief and to the point. Use only black or blue ink. Attach supporting documentation as necessary. Sign and date this form, when completed, and submit to the Office of Student Financial Aid. You will be notified of the Appeals Board's decision. You may review your status, at any time, by going to the *CSU X-press* section on the CSU web site (www.csu.edu).

Specific program restrictions may apply.

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(use reverse side if additional space is needed)

Student Signature _____ Date _____, 200____

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DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Last semester enrolled: Fall Spring Summer _____ (year)

GPA_____ Completion Rate_____% (_____completed hours/_____ attempted hours)

_____

Appeals Board Action Taken: _____ Approved _____ Not Approved

Comments: _____

Signature _____
CSU SAP Counselor / Committee