Soka University of America – Office of Financial Aid

Institutional Aid Appeal
(Under 3.0 semester or cumulative GPA)

APPEAL
2014-2015

SUA ID#: ________________________________

Cell Phone#: ____________________________________________

Name: ____________________________________________

Last                                                                 First                                                                                                          M.I.

This form has two Sections. All sections must be completed in full before this appeal can be considered for review. This appeal must be received within 30 days of you receiving the disqualification notification. It is the student’s responsibility to submit this completed form to the Office of Financial Aid.

Mail to: SUA, Office of Financial Aid, 1 University Drive, Aliso Viejo, CA 92656, USA
E-mail scanned copy to: financialaid@soka.edu

Section 1: Letter of Explanation

1. What special circumstances prevented you from meeting the Satisfactory Academic Progress requirements? Attach supporting documentation and/or additional pages for explanation:

______________________________________________________________________________________________________________________
                                                                                                                     __________/______/________
                                                                                                                    Student Signature                           Date

2. What has now changed in your circumstances that will enable you to be successful academically? Also explain what steps you will take to meet Satisfactory Academic Progress in the future (e.g. tutoring, counseling, etc.):

______________________________________________________________________________________________________________________
                                                                                                                     __________/______/________
                                                                                                                    Student Signature                           Date

Internal Use Only

DECISION: □ Approved  □ Denied

Comments: __________________________________________________________________________________________________________

Financial Aid Staff Signature(s): ____________________________________________ Date: _______/______/________
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APPEAL
2014-2015

SUA ID#: ________________________________  Cell Phone#: ________________________________

Name: ________________________________  ________________________________  ________________________________
   Last                                                                                         First                                                                                                           M.I.

1) SAP Appeal Term(s):  ☐ Fall  ☐ Spring

2) Is this your first Appeal for Institutional Aid?  ☐ Yes  ☐ No

3) Anticipated Graduation Date: ___________________________________________________________

Create an academic plan with the Dean of Students that will demonstrate successful progress toward raising your GPA to 3.0. Each term must include a projected GPA and units needed. For more details, refer to: www.soka.edu/financialaid.

<table>
<thead>
<tr>
<th>(Example) Term: Fall 2013</th>
<th>1st Term after DISQUALIFIED status</th>
<th>2nd Term:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Units: 12 units</td>
<td>Units:</td>
<td>Units:</td>
</tr>
<tr>
<td>Classes: MATH101,ENGL201,ART300</td>
<td>Classes:</td>
<td>Classes:</td>
</tr>
<tr>
<td>Expected GPA for Term/Session: 3.2</td>
<td>Projected GPA for Term:</td>
<td>Projected GPA for Term:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3rd Term:</th>
<th>4th Term:</th>
<th>5th Term:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Units:</td>
<td>Units:</td>
<td>Units:</td>
</tr>
<tr>
<td>Classes:</td>
<td>Classes:</td>
<td>Classes:</td>
</tr>
<tr>
<td>Projected GPA for Term:</td>
<td>Projected GPA for Term:</td>
<td>Projected GPA for Term:</td>
</tr>
</tbody>
</table>

To be completed by Dean of Students:

1. Is the student on academic probation?  ☐ YES  ☐ NO  2. Retaking courses?  ☐ YES  ☐ NO

Additional terms of plan or comments:

___________________________________________________________

Reviewed By (Print Name and Title): Dean of Students ________________________________

Signature: __________________________________________      Date: ________/______/________

***I certify that this academic plan was reviewed and approved.***