

Financial Aid Satisfactory Academic Progress (SAP) Appeal

Students who fail to meet Financial Aid Satisfactory Academic Progress (SAP) standards and lose financial aid eligibility can appeal this decision. We recommend that you submit your SAP Appeal before the start of the semester for which you would like to receive financial aid. Appeals should be submitted to the Office of Financial Aid within 7 calendar days of the date on the notification letter or email. **However, the final deadline for submitting this form is no later than four weeks prior to the end of the semester for which you wish to receive financial assistance (with all supporting documentation).** Completion of this appeal **does not** guarantee approval of your request. Please complete the form below:

Student Name: _____ Bethel ID #: _____

Bethel Email: _____

Major(s): _____ Minor(s): _____

Please list which term and year you are appealing (i.e. fall 2024, etc.): _____

How many more credits are needed for graduation: _____

Anticipated Graduation Date: _____

Have you previously submitted a Financial Aid Satisfactory Academic Progress Appeal for a prior term?

No, I have not previously submitted a SAP Appeal

Yes, I have previously submitted a SAP Appeal

If yes, please specify when: _____

Federal regulations require students to maintain Financial Aid Satisfactory Academic Progress (SAP) in three areas: a) Qualitative measure (cumulative GPA); b) Pace of completion; and c) Maximum timeframe. For more information, please review our complete Financial Aid SAP policy at

Undergraduate: <https://www.bethel.edu/undergrad/financial-aid/eligibility/academic-progress>

Graduate: <https://www.bethel.edu/graduate/financial-aid/eligibility/academic-progress>

Office of Financial Aid • Bethel University • 3900 Bethel Drive • St. Paul, MN 55112 • fax: 651.635.1491
phone: 651.638.6241 • 1.800.255.8706 ext. 6241 • web: bethel.edu/financial-aid (use secure upload tool)

Please describe the reason(s) that you failed to meet the Financial Aid SAP standards:

Acceptable reasons for appeal may include injury or illness of the student, illness or death of an immediate relative of the student, or other extenuating circumstances beyond the student's control.

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Please describe in detail what has changed to resolve the SAP issue that prevented you from maintaining Satisfactory Academic Progress:

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If you are appealing due to maximum timeframe, please review the information below regarding transfer credits and maximum timeframe:

College level courses taken outside of Bethel before students received their high school diploma or G.E.D. (e.g., CLEP, PSEO, AP) are treated as transfer credits. (Postsecondary Education Options credits attempted at Bethel are treated the same as other courses taken at Bethel after receiving a high school diploma.) Transfer credits, including prior learning assessment credits are included as both “attempted” and “completed” credits when measuring Pace, and are included in the maximum timeframe calculation. All transfer credits accepted by Bethel will be used in determining when the “maximum timeframe” requirement has been reached. The student may, however, appeal to have only the credits accepted toward his or her Bethel program of study included in the maximum timeframe calculation.

Next Step: Please contact the Registrar’s Office or your Academic Adviser if transfer credits are impacting your maximum timeframe in order to determine which of those credits are required for your program of study.

Additional documentation

Please submit any supporting documentation to our office via Financial Aid Secure Document Upload Tool: <https://www.bethel.edu/financial-aid/forms/secure-document-upload>

I understand that decisions are processed on a case-by-case basis and the cross-departmental committee may deny any SAP appeal. I understand the appeal committee’s decision is final. Please allow ten (10) business days for your appeal to be processed. Students who cannot demonstrate Financial Aid Satisfactory Academic Progress within one term will be required to submit an Academic Plan as a part of their appeal.

My name in the field below serves as my signature and indicates that the information I have provided is true and complete.

Type Name: _____ Date: ____/____/____

Office Use Only

Appeal Received Date _____.	Financial Aid SAP Committee Decision
SAP Committee Meeting Date _____.	<input type="checkbox"/> Approved
	<input type="checkbox"/> Approved (with academic plan)
	<input type="checkbox"/> Denied
	Date: _____
	Reviewed: _____
	<input type="checkbox"/> Letter sent to student _____

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