



FINANCIAL AID OFFICE

**SATISFACTORY ACADEMIC PROGRESS APPEAL FORM**

STUDENT'S NAME: \_\_\_\_\_ FMU ID#: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ ACADEMIC YEAR: 2025/2026 SEMESTER: \_\_\_\_\_

Students that are ineligible for federal, institutional and/or state aid due to failure to meet Satisfactory Academic Progress standards and who have been placed on Financial Aid Suspension may appeal this decision.

**Appeals must be submitted no later than 30 days from the beginning of the semester following the suspension of aid.**

Please select all that apply:

1. SATISFACTORY ACADEMIC PROGRESS APPEAL (SAP)

***Choose the circumstances surrounding your request for a SAP appeal and submit at least two supporting documents.***

- Medical Emergency
- Severe Health Issues
- Severe Personal or Family Problems
- Financial or personal catastrophe
- Return for a second degree or certificate
- Other: \_\_\_\_\_

**Please allow 10 business days for processing of all forms submitted**

**Please include a detailed written explanation below**  
**(Provide additional pages if necessary – include name and FMU ID#)**

**This request will not be evaluated unless completed accurately with all required documentation submitted**

My signature certifies that the information provided for this request and all accompanying documentation is true and correct to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Committee Final Action:            Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**Signature of Financial Appeal Committee Member:**

**Date:**

15800 NW 42nd Avenue Miami Gardens, FL 33054 | Tel: (305) 626-3745 | [financial.aid@fmuniv.edu](mailto:financial.aid@fmuniv.edu)

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