INSTRUCTIONS FOR COMPLETING THE FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL

This form is to be completed if your financial aid eligibility has been denied due to unsatisfactory academic progress, and you wish to request your extenuating or unusual circumstances be considered to have your financial aid reinstated.

DEADLINE TO SUBIMIT APPEAL

- Appeals must be complete and submitted by the Friday of the Midterm week for full-semester courses. If enrolled in the Summer semester or Block courses, appeals are due Friday of the midpoint of the course(s) of the semester enrolled. **Incomplete appeals will not be reviewed**.

BEFORE SUBMITTING YOUR APPEAL

- **Complete your FAFSA**: Complete a Free Application for Federal Student Aid (FAFSA) for the semester you are requesting reinstatement of financial aid. https://studentaid.gov/.
- You must be an admitted, degree-seeking student at College of Eastern Idaho.
- You must be registered for the semester you are requesting reinstatement of financial aid.

SUBMITTING YOUR APPEAL

- **Complete all sections of the appeal form**.
- **Provide an Explanation**: Complete Section 2, provide an explanation or attach a signed detailed letter of explanation (preferably typed).
- **Attach Supporting Documentation:** Provide documentation to support your appeal (e.g., medical records, physician statement, death notice, court documents, etc.).
    - ***Appeals will not be reviewed without proper documentation.***
- **Complete Degree Plan**: Meet with an Academic Advisor or Faculty Mentor (formerly Faculty Advisor) to complete the Degree Plan for the semester you are requesting reinstatement. You may schedule an appointment to meet with an Academic Advisor by calling 208-524-3000 opt.2.
- **Register for classes:** You must be registered for the advisor-approved classes for the semester you are requesting reinstatement of financial aid.
- **Submit Appeal**: Return your completed appeal form, statement and documentation to the Financial Aid Office, College of Eastern Idaho, 1600 S. 25th E., Idaho Falls, ID 83404 Fax: (208)525-7026, Email: financial.aid@cei.edu.

AFTER YOU SUBMIT YOUR APPEAL

- **Committee Review:** A committee reviews your appeal, notification of the decision will be sent to your CEI email.
- **Appeal Approval**: If your appeal is approved, your financial aid eligibility will be reinstated for the semester you are appealing. ***The committee may restrict your schedule, make recommendations or requirements. You cannot change your approved schedule after the last day to add or drop classes.*** If your appeal is approved, we will continue processing your financial aid. Appeals submitted and approved after the Priority Deadline may have to wait until after Attendance Verification is complete before aid will be disbursed. Financial aid funds will be available to you based on the disbursement schedule of the College of Eastern Idaho.
- **Appeal Denial**: If your appeal is denied in review, you have the option to schedule an appointment with the Appeal Committee, for an opportunity to explain your appeal further and to submit any additional documentation. The decision of the Appeal Committee is final.
- **Withdrawing**: Withdrawing from any or all courses will result in future denial of aid eligibility.
- **Responsibility**: You are responsible for meeting all the Satisfactory Academic Progress Policy (SAP) requirements. You will be denied future financial aid if you do not meet all SAP requirements at the conclusion of the semester.
- **SAP Policy**: https://cei.edu/satisfactory-academic-progress

College of Eastern Idaho

SATISFACTORY ACADEMIC PROGRESS APPEAL 2026-2027

Financial Aid Office
Phone: (208) 524-3000 Option 7
Toll Free: 1-800-662-0261
Fax: (208) 525-7026
financial.aid@cei.edu
1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Last 4 SSN	Phone Number

You have been denied financial aid because you are not meeting the Satisfactory Academic Progress requirements from the previously attended semester. To request reinstatement of your financial aid, you must provide an explanation, documentation supporting your circumstances and complete all sections of the appeal form.

Section 1: Provide the following information

Which semester are you requesting for financial aid reinstatement? (Mark One):

Fall Semester 2026_____ Spring Semester 2027 _____ Summer Semester 2027 _____

Complete and attach the following:

1. **Complete Section 2a:** Provide an explanation or attach a signed letter of explanation. Describe the *unusual or extenuating circumstances* that prevented you from meeting the Satisfactory Academic Progress (SAP) requirements (e.g., withdrawing, failing classes, not meeting GPA requirements, etc.). Please be as specific as possible and include dates if applicable.

2. **Complete Section 2b:** Provide a statement or attach a signed letter explaining the *changes you have made* (i.e., how the situation has been resolved) that will enable you to meet (SAP) requirements for the semester for which you are appealing and the future semesters.

3. **Provide Documentation**: Attach documentation to support your explanation (e.g., statements from a physician, medical records, court documents, a death notice, divorce decree, police report or other related documents). Third-party documentation is acceptable but must come from "officials" or community leaders (e.g., clergy, counselors, social workers, etc.) who know about your (student) situation. Letters or statements must be written on agency/business letterhead or notarized. **Appeals submitted without documentation will not be reviewed.**

4. **Register for Classes**: Meet with an Academic Advisor to complete and sign the included **Degree Plan** and register for the classes you plan to take the semester you are appealing financial aid for.

Student Certification:

I certify that all statements in this appeal and all documentation submitted are true and accurate. I understand that I may be asked to provide additional documentation if needed. I understand that providing false information could result in denial, reduction, and/or require immediate repayment of financial aid. I agree to the appeal process and understand that if documentation is not attached or sufficient, or this appeal is not signed, it will be returned as incomplete.

If my appeal is approved, I agree to complete and pass all courses I have registered for with a 2.0 semester GPA, in accordance with Financial Aid Satisfactory Academic Progress Policy. I understand I cannot change my approved class schedule for the semester I requested reinstatement after the last day to add/drop classes. I understand withdrawing from courses will be considered failing to meet my approved appeal terms and will result in the denial of future financial aid eligibility. I understand that at the conclusion of the semester, if I have met the terms of my approved appeal but still do not meet the overall Satisfactory Academic Progress requirements, I will be required to appeal again to have my progress evaluated.

Print to sign. Electronic signatures will not be accepted

Student Signature _____ **Date** _____

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Financial Aid Office Use Only	Received By:	Date Received:	Documentation Received: ☐

Section 2a: Statement of explanation.

Provide an explanation or attach a signed letter of explanation. Describe the unusual or extenuating circumstances that prevented you from meeting the Satisfactory Academic Progress (SAP) requirements (e.g., withdrawing, failing classes, not meeting GPA requirements, etc.). Please be as specific as possible and include dates if applicable.

Section 2b: Statement of changes made

Provide a statement or attach a signed letter explaining the changes you have made (i.e., how the situation has been resolved) that will enable you to meet SAP requirements for the semester you are appealing and in future semesters.

Attach documentation to support your statements.

College of Eastern Idaho

SATISFATORY ACADEMIC PROGRESS
DEGREE PLAN 2026-2027

Financial Aid Office
Phone: (208) 524-3000 Opt. 7
Toll Free: 1-800-662-0261
Fax: (208) 525-7026
financial.aid@cei.edu
1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Last 4 SSN	Phone Number

You have been denied financial aid because you have not met the financial aid Satisfactory Academic Progress requirements. To evaluate if your federal financial aid can be reinstated, the Financial Aid Office must verify the number of credits, course requirements and cumulative GPA you need to be compliant for the stated degree or certificate.

What is your current degree or certificate objective (i.e. RN.AAS) _____

Anticipated graduation date? (Month/Year) _____

Student Instructions:

Meet with an Academic Advisor or Faculty Mentor (formerly Faculty Advisor) to review your course schedule. Identify the courses required for your degree and the semester during which you will take each course until you will be in compliance with the SAP Policy, for two semesters or until graduation.
You may schedule an appointment to meet with an advisor by calling 208-524-3000 Ext.2.
Register for the classes for the current semester you are appealing for your financial aid.

Semester_____ Year_____

Course (SOC 101)	Title (Introduction to Sociology)	Credits (3)

Semester_____ Year_____

Course (SOC 101)	Title (Introduction to Sociology)	Credits (3)

Attach additional pages if necessary.

FOR OFFICE USE ONLY: Advisor Comments

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Recommended Credit Load:

- ☐ Full Time (12+ credits)
- ☐ Three-Quarter Time (9-11 credits)
- ☐ Half Time (6-8 credits)
- ☐ Less than Half Time (1-5 credits)

Academic Advisor or Faculty Mentor Instructions:

After this plan is complete, please review and sign it verifying you approve the course schedule and all courses listed are needed for the student program or to graduate. Please note any approved petitions.
I have met with this student and verify the classes listed above are needed to graduate in the identified major.

Advisor Name (print): _____ Phone: _____

Advisor Signature: _____ Date: _____

Please return this completed form to the CEI Financial Aid Office.