



**Student's Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_  
(Please print) Last First

**IMPORTANT:**

Your financial aid will not be disbursed until this Satisfactory Academic Progress (SAP) petition is approved. Please submit this form including any supporting documentation as soon as possible to avoid any delays in your financial aid disbursement.

**Be advised, in order to be eligible for financial aid for the term you are petitioning, this petition must be approved before the end of the term. Please note the processing of these forms can take anywhere between 2-4 weeks.**

I am petitioning to receive financial aid beginning \_\_\_\_\_ term, taking \_\_\_\_\_ credits.

**Important information about the petition process**

- Incomplete petitions will not be approved. You must answer all questions and provide the required documentation. Failure to do so will result in delayed processing.
- If this petition is approved, you may not petition again for the same reason.
- If this petition is approved, you must follow the Academic Plan you submit. Failure to follow the plan will result in subsequent suspension.

**Complete Steps 1-6**

1) **Identify the term(s) and school year(s) when unforeseen events occurred that prevented you from successfully completing your classes. This may cover terms over more than one school year. You may review your transcript on Banweb:**

Term(s): \_\_\_\_\_ Year(s): \_\_\_\_\_

2) **Indicate the unforeseen event(s) that prevented you from successfully completing your classes in the term(s) stated above. Attached the documentation indicated:**

- Death in the family**
  - State how the person was related to you: \_\_\_\_\_
  - Provide a copy of the obituary, funeral announcement or death certificate
- Disabling illness or injury to you, the student**
  - Your health care provider must complete the Medical Documentation form
- Disabling illness or injury of immediate family member that required your care**
  - Your family member's health care provider must complete the Medical Documentation form
- Emotional or mental health issue (for you, the student) that required professional care**
  - Your health care provider must complete the attached Medical Documentation form
- Other unusual circumstances beyond your control**
  - You must provide documentation to support your statement
  - If your work was a factor, submit a signed and dated statement from your employer on business letterhead indicating your anticipated work hours for the upcoming term.
  - If childcare issues were a factor, submit a signed and dated statement from your childcare provider indicated anticipated childcare for the upcoming term.

**Mailing Address:**

Office of Student Financial Aid and Scholarships  
Portland State University  
PO Box 851  
Portland, Oregon 97207-0851

**Physical Address:**

Fariborz Maseeh Hall  
Portland State University  
1855 SW Broadway  
Portland, Oregon 97207-3295

Phone: (503) 725-3461  
Fax: (503) 725-5965  
Toll-Free: (800) 547-8887

**Department use only: SAPP-O**

- 3) On a separate page, complete a signed and dated statement answering the following questions. Be sure to include your name and PSU ID number on each page.
- What EVENT(s) negatively impacted your academic performance in the term(s) stated above?
  - For each event described in part A, what is your specific plan of action to remedy that situation so you may successfully complete your classes now?
- 4) Complete the 2019-2020 Academic Plan Worksheet from your Banweb account.
- Log on to banweb.pdx.edu -> Student Finances Tab -> View Satisfactory Academic Progress Academic Progress
  - Click the link for the Academic Plan worksheet
  - Indicate your student type and then complete the enrollment plan
  - Print the completed Academic Plan worksheet
- 5) Meet with your academic adviser to finalize the Academic Plan worksheet. Discuss your action plan and available campus resources. Your adviser must sign the Academic Plan worksheet.
- If you have a declared major, meet with your major adviser. (<http://www.pdx.edu/advising>)
  - If you do not have a declared major, meet with a general adviser in Advising and Career Services (USB 402)
- 6) Do you have any incomplete (I) grades for any class taken in the last 12 months? This does not include X, W, NP or F grades.
- Yes. State the term and year you expect a grade to be posted for each incomplete grade: \_\_\_\_\_
- No.

**Next Steps:**

- Your petition will be reviewed by the Satisfactory Academic Progress committee.
- We may request additional information regarding your petition. Submit any additional requested information as soon as possible.
- Continue to monitor your Banweb student account for the most up-to-date information concerning your petition.
- If your petition is approved, conditions will be imposed that must be met in order to remain eligible for financial aid. Failure to meet the conditions will result in a subsequent suspension.

**Submission Checklist:**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Signed and dated personal statement                     |
| <input type="checkbox"/> | Academic Plan worksheet with academic adviser signature |
| <input type="checkbox"/> | Supporting documentation                                |
| <input type="checkbox"/> | Medical documentation (if applicable)                   |

All messages regarding this petition will be sent to your @pdx.edu email address.

By signing this form, you are certifying the information to be true and agree to submit additional documentation if requested.

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

(No typed signatures permitted)

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# Medical Documentation Form

## 2020-21 Satisfactory Academic Progress

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
(Please print) Last First

I give my permission for my health care provider to provide all information necessary to respond to the questions below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student or family member who authorizes release of information)

**TO BE COMPLETED BY LICENSED HEALTH CARE PROFESSIONAL**  
Please complete all items. Use the back of this page as needed.

1. How many times have you met with the student (or family member)? \_\_\_\_\_

2. Dates of the condition that prevented student from attending school/completing course work:

From \_\_\_\_\_ to \_\_\_\_\_

3. Brief description of condition and how it prevented student from attending school and/or complete course work.

4. Would you recommend the student attend PSU at this time? \_\_\_\_\_ YES \_\_\_\_\_ NO

a. If YES, indicate level of attendance you recommend for the student? (circle one) FULL TIME PART TIME

b. If NO, the student should return after \_\_\_\_\_ (date) for a more current assessment.

5. What recommendations for follow-up care do you have for the student (or family member)?

6. Name of Professional (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

**Return completed form to Office of Student Financial Aid & Scholarships**

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