



Aid Year: \_\_\_\_\_

**Florida State Programs Academic Progress Appeal**  
Office of Student Financial Aid | Florida Atlantic University  
**FORM: STAAPP**

Submit this form online via [owlfiles.fau.edu](http://owlfiles.fau.edu)  
Need Help? Visit [fau.edu/finaid/contact](http://fau.edu/finaid/contact)

\_\_\_\_\_  
Student Name

  Z   \_\_\_\_\_  
Student Z Number

\_\_\_\_\_  
FAU Email Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**YOU MUST SUBMIT THIS FORM ALONG WITH THE FOLLOWING:**

1. A detailed **Student Statement of Circumstances** explaining the reason for your appeal.
2. An unofficial copy of an **updated academic transcript**.
3. Any **verifiable documentation** that supports your reason for appeal.

STATE PROGRAM: (Check One)	DESCRIPTION OF CIRCUMSTANCES: (Check One)
<input type="checkbox"/> Florida Academic Scholarship	<input type="checkbox"/> Personal injury, illness, or physical disability
<input type="checkbox"/> Medallion Scholarship	<input type="checkbox"/> Death/illness of immediate family member
<input type="checkbox"/> FSAG	<input type="checkbox"/> Emergency
	<input type="checkbox"/> GPA or hours accurate/changed <b>(for FSAG only)</b>

**STUDENT STATEMENT OF CIRCUMSTANCES:**

You may use this space or attach a typed statement explaining the mitigating circumstances that you feel affected your academic progress.

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**REMEMBER: ATTACH VERIFIABLE DOCUMENTATION AND UPDATED TRANSCRIPT TO SUPPORT YOUR APPEAL.**

**You must submit this appeal within 30 days of the date of your ineligibility notice  
or by September 1st of the upcoming aid year, whichever is later.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date