



FINANCIAL AID & SCHOLARSHIP OFFICE
1000 East Victoria Street
Carson, California 90747
PHONE: (310) 243-3691

CSUDH ID: _____ Today's Date: _____

Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents.

REMINDER: When uploading your documents to the **online [Dropbox](#)**, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: _____
Enter Last Name, First Name, MI

Toro Email Address: _____

Phone Number: _____
(Area Code) (i.e. 222-1234)

*Note: Please be sure to include your **CSUDH student ID number** on each page submitted and allow up to 4 business days for your **To Do List** to be updated.*

SUBMISSION INSTRUCTIONS:

On the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid & Scholarship Office. Forms that are incomplete will remain on your To-Do-List in the Student Center.

1. Upon completing this document, scroll to the bottom where you are asked to sign and date. In the signature area, type or sign your name and in the date space type today's date.
2. **Save your document and be sure to include your name and CSUDH Student ID# within the file name.**
3. If you have attachments, please have them ready to upload to the online Dropbox
4. Return to the [Financial Aid Forms](#) page > go to the **blue Dropbox Folders** section > **select the icon that corresponds with your last name** > use the **"Add Files"** or **"drag and stuff here"** option to upload your documents. **Emailed documents will not be accepted.**
5. Once all documents have been submitted, be sure to close your browser.

In furtherance of CSU Dominguez Hill's mission of accessibility and commitment to excellence through diversity, equity, and inclusion, CSUDH strives to ensure that its information and communication technology is accessible to everyone. If you need assistance in completing this form because of a disability, please contact us at (310) 243-3660



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 finaid@csudh.edu

FS _ _ _ _

Satisfactory Academic Progress (SAP) Appeal Form

You are no longer eligible for financial aid as defined in the CSU Dominguez Hills Satisfactory Academic Progress (SAP) Policy. To appeal this decision, you are required to explain what occurred during the semester that prevented you from successfully completing your classes and how your situation has changed, and/or the reason you have accumulated excessive units and have not yet graduated.

Instructions: Complete this form and attach your typed appeal letter that clearly explains all extenuating circumstances (for example: death in family, illness, COVID-19, etc.) and copies of any supporting documents. Submit all documents electronically to the Financial Aid Office using the Financial Aid Dropbox located at <https://www.csudh.edu/financial-aid/forms/>.

REASON FOR APPEAL *(check all that apply)*

- Grade Point Average (GPA):** Your CSUDH cumulative GPA is below the required minimum for your academic level. (Freshman: 1.5, Sophomore: 1.8, Junior & Senior: 2.0, Teaching Credential: 2.5, Masters: 3.0)
- Unit Deficiency:** You did not pass all units attempted the last semester you attended.
- Unit Cap:** You have exceeded the maximum number of units allowed for your program.
 - Undergraduate: 180 units. Graduate/Masters: 65 units. Classified Post Baccalaureate and Second B.A.: 45 units.

REQUIRED DOCUMENTATION

- Signed, typed statement outlining the circumstances that prevented you from meeting SAP. Also, explain what steps you have taken or will take to successfully pass your courses and/or raise your CSUDH cumulative GPA the next semester you attend.
- Copy of supporting documentation that can verify previous circumstances and change in circumstances.
 - *Documents will not be returned.*
 - *Lack of documentation may delay our decision or lead to a denial of your appeal.*
- SAP Appeal Degree Completion Plan for Unit Cap. **(REQUIRED IF APPEALING FOR UNIT CAP).**

CERTIFICATION

I hereby acknowledge that the information I have provided on this form and attachments are true and accurate. I also acknowledge that if I submit falsified documents and/or statements I may be referred for disciplinary action. I understand that by submitting this form I am fully responsible for the payment of my registration fees by the date specified in the Class Schedule. I also understand that while I am appealing I may be dropped from my classes for non-payment of my registration fees.

Student's Signature: _____ Date: _____

For Office Use Only

STATUS:	APPROVED	DENIED	NO ACTION	CUTOFF	PENDING
Checklist:	F ___ SAA	F ___ SAD	F ___ SAN	F ___ SAX	F ___ SAP
Comment:	F ___ SAA	F ___ SAD	F ___ SAN	F ___ SAX	F ___ SAP

Communication: F14 Sent: _____ **Update Maintain SAP:** Override SAP Status: ___ Comments: ___

NSI / PSI: ___ **Awards:** ___ **Reviewed by:** _____ **Date:** _____



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SAP Appeal Degree Completion Plan for Unit Cap

Instructions: Complete and submit the page along with the Satisfactory Academic Progress (SAP) Appeal Form if you are appealing for Unit Cap. Below write your major, minor, expected graduation date and list the courses you need to complete to earn your degree.

- Satisfactory Academic Progress (SAP) Appeal Form Page 1 attached. **(REQUIRED)**
- If you need additional space, please check here to indicate that you have attached a separate sheet.

Major(s)/Program: _____ **Minor(s):** _____

Expected Graduation Date (Semester and Year): _____

Course Name and Number <i>(Example: HUM 310)</i>	Units	Course Applies To			Semester to be Taken <i>(Example: Spring 2019)</i>
		GE	Major	Minor	

Student's Signature: _____ Date: _____