



LA ROCHE UNIVERSITY

2025-26 Satisfactory Academic Progress Appeal

Student Name: _____ ID #: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Please complete the questions below as thoroughly as possible and return this form to the Financial Aid Office.

Please type or print clearly. Include any third-party documents that confirm or verify your situation.

***Supporting documentation is required for your SAP Appeal to be reviewed and processed; without it, your appeal will be considered incomplete.**

What circumstances have led to your academic difficulties at La Roche University for the past two semesters?

What has changed that will allow you to demonstrate satisfactory academic progress by the end of the next semester?

Provide specific information about evidence of improved skills and/or changes in life circumstances in areas such as health, family situations, finances, employment, etc.

Have you taken any medical withdrawals in the past? ☐ No ☐ Yes – Which semester? _____

What semester are you appealing financial aid for? ☐ Fall ☐ Spring ☐ Summer

How many credits are you planning to register for? _____

What is your intended major? _____

What is your expected graduation date? _____

Student Signature: _____ Date: _____

Return to: La Roche University | Financial Aid Office | 9000 Babcock Boulevard | Pittsburgh PA 15237

Phone: 412-536-1125 | Fax: 412-536-1072

Students will be notified in writing of the appeal decision approximately two weeks from date received.

For Office Use Only

Date Received: _____

Decision: _____

Reviewed by: _____