

| Student Legal Last Name: | jacques | First Name: | Fidele | Middle Initial: | na ——— |
|--------------------------|---------|-------------|--------|-----------------|-----------|
| Student IRN: 9023580235 | | | | | |

In limited circumstances, the University may independently modify your financial aid eligibility using a Satisfactory Academic Progress Appeal to evaluate circumstances on a case-by-case basis only, in accordance with U.S. Department of Education regulations. To submit an appeal, you must submit this form along with appropriate documentation as outlined in this form.

Satisfactory Academic Progress (SAP): You may request an appeal of your financial aid disqualification due to circumstance(s) that prevented you from meeting the SAP requirements. The outcome of any appeal will depend on the nature of the circumstance(s) resulting in the failure to maintain SAP requirements, as well as the documentation provided to confirm the circumstance(s) involved.

Please review the information below, complete all sections with detailed explanations, and submit the applicable supporting documentation indicated.

Courses of Issue: Complete the table below listing **ALL** courses where the grade received prohibited you from meeting SAP requirements. You must explain the circumstance(s) that occurred AND explain how the nature of the circumstance(s) directly prohibited you from meeting all SAP requirements.

- A. If you do not have the minimum grade point average (GPA) for your program, list each course in which the minimum grade required was not achieved.
 - Undergraduate courses must include grades below a C (including C-)
 - Graduate courses must include grades below a B (including B-)
- B. If you are not meeting pace of completion, all withdrawal (W) and fail (F) grades must be listed, including grades for those courses the student posted at least one academic related activity in and then withdrew from.

Note: Refer to your class schedule located on your student portal to complete the table below.

| Courses where the grade received prohibited you from meeting SAP requirements. | | | |
|--|--|--|--|
| Note: All courses of issues must be addressed separately. | | | |
| Course of Issue: Example: MTH/201 | Start Date: Example: 1/5/2020 | | |
| Explanation: | | | |
| Example: My grandmother passed 2/17/20XX. I was unable to attend her funeral. | complete class as I had to travel out of state to | | |
| Course of Issue: RES 710 | Start Date: 12/14/2021 | | |
| Explanation: During the class, I encountered significant health challenges. I had bee and diabetes. Overcoming these health issues was a true journey, requiring the health back on track. Therefore, I started having issues focusing of time. | uiring considerable effort, patience, and determination to get | | |

This document may be submitted electronically by uploading on your student portal.

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| Course of Issue: RES 710 | Start Date: 3/1/2022 | |
|--|--|--|
| Explanation: | | |
| During the class, I encountered significant continue to have h | health challenges. I was trying to regulate my high blood pressure and | |
| diabetes. I continue to try to Overcome these health issues v | vas a true journey, requiring considerable effort, patience, and | |
| determination to get my health back on track. Therefore, I sta | arted having issues focusing on my class and completing the required | |
| tasks. | | |
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| Course of Issue: RES 710 | Start Date: 02/2/2022 | |
| Explanation: | | |
| During the class, I continued to attend doctor's appointments | to manage my blood pressure due to previous strokes and high blood | |
| | nage my blood pressure due to previous strokes and high blood | |
| pressure. | | |
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| Course of Issue: DOC 723 | Start Date: 6/27/2023 | |
| Explanation: | <u> </u> | |
| | | |
| During my class. Letarted to experience health issues related | d to high blood pressure. As a result, I had to seek medical attention | |
| and was advised by the doctor to undergo monitoring and re- | - | |
| and was advised by the doctor to undergo monitoring and re- | st to reduce my stress and responsibilities. | |
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| Course of Issue: DOC 723 | Start Date: 11/07/2023 | |
| Explanation: | | |
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| During my time in class, I started to encounter a range of hea | alth issues, including fluctuations in my blood pressure, feelings of | |
| dizziness, occasional mild headaches, and elevated blood sugar levels due to diabetes. Consequently, my doctor recommended a | | |
| specific medication regimen to address better and manage t | hese symptoms. | |
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| Course of Issue: | Start Date: | |
| Explanation: | | |
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| Course of Issue: | Start Date: | |
|---|--------------------|--|
| Explanation: | Start Date. | |
| Explanation. | | |
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| Course of Issue: | Start Date: | |
| Explanation: | | |
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| Situation Resolution: Explain how your circumstance(s) ha | ave been resolved. | |
| I have recently received a new prescription for improved medication to help me effectively manage my blood pressure and diabetes. With this new medication, I have noticed a significant improvement in my ability to focus and address my health concerns. My doctor has adjusted my medication dosage, and as a result, I am now able to function well and actively participate in class without feeling unwell. This positive change in my health will enable me to develop better strategies for managing my class and improving my overall well-being. | | |
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Action Plan: Provide an academic plan of action detailing the steps you will take and the resources you will use to ensure future academic success.

Steps and actions that will be taken daily, weekly, etc. basis (outline your study schedule): I am creating a schedule, completing my assignments on time, and creating a calendar. Communicating with my teachers is most important to me. Academic AND other resources you will use to successfully maintain SAP going forward (labs, workshops, tutorials, etc.):

Yes, I am attending workshops and tutorials to help me improve in my area in school.

Note: The University may request additional information to support your circumstance after the request form is received.

Official Supporting Documents:

Official Supporting documentation is required. Acceptable documentation must generally describe the circumstance, verify that dates in which your circumstance occurred, and should correspond with the impacted course dates. Some examples of supporting documentation include, but are not limited to:

- Third-party (non-family member) statements on official letterhead, signed and dated
 - **Physicians**
 - Counselors
 - Social workers

Note: Third-party statements from family and friends are not acceptable.

- Court documents/decrees
- Police reports
- Obituaries and/or death certificates

This document may be submitted electronically by uploading on your student portal.

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Submission Instructions:

Submit this completed form along with documentation to support your request by logging into your student portal and navigating to Financial Plan \rightarrow Additional Forms & Upload.

- Please retain a copy of this signed and completed form, as you will need to submit this appeal request form with any subsequent submissions if additional documents are required.
- Allow three (3) weeks for the initial review to be completed and a notification to be sent to your student portal.
- If additional documentation is required, a notification will be sent to your student portal listing the required documents.
 - When additional documentation is necessary, no further review will be completed on your appeal request until the documentation is received.
 - o If additional documentation is not received within thirty (30) days, you will be required to submit a new signed and dated appeal request form along with your supporting documentation.
- Once the requested additional documentation is submitted, allow an additional three (3) weeks for the subsequent review to be completed.

Certification Statement:

I certify that the submitted information is true and correct to the best of my knowledge and belief. I have read each section and have provided the required documentation. I acknowledge by signing below that my request may not be processed if I do not provide the required supporting documentation.

| Student Signature: | FIDELE MAJUES | Date: | 7/14/2024 12:32 PM MST | |
|--------------------|---------------|-------|--------------------------|--|
|--------------------|---------------|-------|--------------------------|--|

Certificate Of Completion

Envelope Id: 5C930542599843B382CDD61C4D5BEBAA

Subject: Complete with DocuSign: PJ Form Satisfactory Academic Progress Appeal

Source Envelope:

Document Pages: 5 Certificate Pages: 1 AutoNav: Enabled

Envelopeld Stamping: Enabled Time Zone: (UTC-07:00) Arizona Signatures: 1

Initials: 0

Status: Completed

Envelope Originator: Student Financial Services 4025 S. Riverpoint Parkway

Phoenix, AZ 85040

finance.forms@phoenix.edu IP Address: 174.61.68.84

Record Tracking

Status: Original 7/14/2024 11:57:28 AM Holder: Student Financial Services finance.forms@phoenix.edu Location: DocuSign

Signer Events

FIDELE JACQUES contact@financialliberated.com

Security Level:

DocuSign.email ID: 1

7/14/2024 11:57:30 AM

Signature

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Signature Adoption: Pre-selected Style Using IP Address: 174.61.68.84

Timestamp

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Sent: 7/14/2024 11:57:29 AM Viewed: 7/14/2024 11:57:38 AM Signed: 7/14/2024 12:32:01 PM

Electronic Record and Signature Disclosure:

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In Person Signer Events

| Payment Events | Status | Timestamps |
|--|--|---|
| Signing Complete Completed | Security Checked | 7/14/2024 12:32:01 PM |
| Envelope Sent Certified Delivered Signing Complete | Hashed/Encrypted Security Checked Security Checked | 7/14/2024 11:57:29 AM 7/14/2024 11:57:38 AM 7/14/2024 12:32:01 PM |
| Envelope Summary Events | Status | Timestamps |
| Notary Events | Signature | Timestamp |
| Witness Events | Signature | Timestamp |
| Carbon Copy Events | Status | Timestamp |
| Certified Delivery Events | Status | Timestamp |
| Intermediary Delivery Events | Status | Timestamp |
| Agent Delivery Events | Status | Timestamp |
| Editor Delivery Events | Status | Timestamp |
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