



LOUISIANA TECH UNIVERSITY
Office of Financial Aid

SAP Appeal Terms and Conditions

Please return this completed form to:
Louisiana Tech University
Office of Financial Aid
PO Box 7925 Ruston, LA 71272

STUDENT'S Last Name

First Name

MI

STUDENT'S CWID or SSN

STUDENT'S Email Address

STUDENT'S Cell Phone (Include area code)

Enter the following information provided in your Satisfactory Academic Progress (SAP) Appeal Approval Letter:

Quarter and Year Approved

Date of Approval Letter

I acknowledge and agree to abide by the terms and conditions set forth in the Satisfactory Academic Progress (SAP) Appeal Approval Letter received on the above listed date. I understand that these terms are essential to maintain my eligibilty for federal financial aid.

Student Signature:

Date: