

Supporting Documentation for SAP Appeals

Note: Letters (typed on letterhead) from medical professionals should state whether the area of concern has been resolved and provide a professional opinion regarding the student’s ability to return to school.

Extenuating Circumstance(s)		Required Documentation Printed on professional letterhead, signed and dated
Work Related	Required overtime, required schedule change	<ul style="list-style-type: none"> Letter from employer including effective date(s) and whether the increase in hours was mandatory
	Reduced hours resulting in increased childcare need, layoff, job loss	<ul style="list-style-type: none"> Letter from employer Termination/separation letter
Medical Condition	Serious illness or change in health status	<ul style="list-style-type: none"> Letter stating doctor advised period of home rest Record of doctor appointments Letter stating doctor advised reduced course load
	Surgery/hospitalization	<ul style="list-style-type: none"> Letter stating doctor advised period of recovery Record of doctor appointments Copies of medical bills documenting illness/injury
	Mental health issue	<ul style="list-style-type: none"> Letter from doctor, therapist and/or counselor
	Dental emergency	<ul style="list-style-type: none"> Record of dental office visit(s) Letter from dentist Letter from dentist advising period of recovery
Student’s Child(ren)	Child’s medical condition	<ul style="list-style-type: none"> Records from daycare/school that child was required to be kept home (include in appeal the reasons for which alternative daycare was not available and what the specific plan would be if this occurred again in the future). Records from doctor appointments Letter from doctor advising period of recovery
	Daycare issue	<ul style="list-style-type: none"> Letter from former daycare provider Letter from new daycare provider
Other Circumstances	Death of a loved one	<ul style="list-style-type: none"> Obituary Funeral program Letter from counselor
	Eviction	<ul style="list-style-type: none"> Eviction notice Letter from transitional housing program
	Assault/domestic violence	<ul style="list-style-type: none"> Police report Court documentation Letter from clergy, social worker, counselor, and/or doctor

Please provide any additional documentation that you feel will support your appeal.

Return forms to: financialaid@uwex.edu *or mail to:* UW Flex Financial Aid Office
5602 Research Park Blvd Suite 300
Madison, WI 53719