**Satisfactory Academic Progress Appeal Form**

**Section 1: Student Information**

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| --- | --- | --- | --- |
| **Student Name:** |  | **W#:** |  |
| **Semester of Appeal:** |  | **Date:** |  |
| **Program of Study/Major** |  |  |  |

**Section 2: Certification**

1. Explain the extenuating circumstance(s) that caused SAP failure. ***\*Attach supporting documentation\****

1. Based on your circumstance(s) as described above and the supporting documentation you have attached, explain what has changed that will enable you to successfully meet SAP in the future.

C. I further understand that:

* Submission of this appeal does not guarantee reinstatement of federal aid.
* If I fail to meet the requirements of my academic plan (completing the courses listed, grades of C or better without any withdrawals), my financial aid will be suspended until all components of SAP have been met by the next evaluation period.

*Your signature certifies that the information provided is accurate and complete to the best of your knowledge. By completing and submitting this form:* ***1)*** *you certify that you have reviewed the SAP policy and acknowledge that your current financial aid status is not eligible and understand that if your SAP appeal is denied, you will not be granted financial aid for this semester and future semesters until you are once again meeting the SAP standards,* ***2)*** *you and your academic official agree that the courses listed are acceptable toward completion of your degree program,* ***3)*** *your SAP status will be recalculated at the end of the semester..*

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Signature:** |  | **Date:** |  |

**Academic Plan**

To be completed *with academic advisor* for students who have failed Satisfactory Academic Progress

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | **W#:** |  |

Student’s SAP failure is based on the following measure(s). Check all that apply:

**GPA**

**Pace (Percentage Completed over Attempted)**

**Maximum Timeframe**

Complete the sections below to indicate the minimum credits the student must complete per semester in order to meet SAP standards.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Semester**: | **Year**: |  | **Semester**: | **Year**: |
| **Course Title/Number** | **Hours** |  | **Course Title/Number** | **Hours** |
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| Total Credits: | |  | Total Credits: | |

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| --- | --- | --- | --- | --- |
| **Semester**: | **Year**: |  | **Semester**: | **Year**: |
| **Course Title/Number** | **Hours** |  | **Course Title/Number** | **Hours** |
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| Total Credits: | |  | Total Credits: | |

**Academic Advisor Certification**

*Your signature indicates you have discussed with the student his/her academic status and you agree that the courses listed above are acceptable toward completion of his/her degree program. Please answer all five questions listed below:*

**The minimum semester GPA while on an academic plan is 2.0 for undergraduates, law students, and pharmacy students, and it is 3.0 for graduate students.**

|  |  |  |
| --- | --- | --- |
| Please indicate the student’s level: | | Undergraduate  Graduate  Law  Pharmacy |
| Are you the student’s academic advisor? | | Yes  No |
| Have you counseled the student regarding his/her graduation date? | | Yes  No |
| What is the student’s expected date of graduation? | |  |
| What is the number of remaining hours needed to graduate? | |  |
|  |  | |
| **Printed Name of Advisor** | **College or Department** | |
|  |  | |
| **Signature of Advisor** | **Date** | |