Student Financial Services
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OSFA's Secure File Upload website • UW's website

2026-2027 Satisfactory Academic Progress Appeal Form

Section 1: Student Information

Student Name:		W#:	
Semester of Appeal:		Date: (mm/dd/yy)	
Program of Study / Major			

Section 2: Certification

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

B. **Based on your circumstances as described above, explain what has changed that will enable you to successfully meet SAP in the future.**

C. **I have read and understand the following:**
   ☐ Submission of this appeal does not guarantee reinstatement of federal aid.
   ☐ If I fail to meet the requirements of my academic plan, my financial aid will be suspended until all components of SAP have been met by the next evaluation period. **If any changes occur, student must submit a new academic plan before the end of the semester; <u>otherwise, student will fail any approved plan when SAP is calculated.</u>**

*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/or future semesters until you are once again meeting the SAP standards, **2)** you and your academic advisor agree that the courses listed are acceptable toward completion of your degree program, and **3)** your SAP status will be recalculated at the end of the semester.*

Student's Signature	Date (mm/dd/yy)

2026-2027 Academic Plan

Section 1: Student Information

Student Name:		W#:	

SAP failure is based on the following standard(s). See SAP Policy for details on each. **Check all that apply**:

☐ **GPA** (UW cumulative GPA only)

☐ **Pace** (Percentage of all courses successfully completed – completed courses divided by attempted courses)

☐ **Maximum Timeframe** (150% of maximum credit hours required for degree)

Complete the sections below to indicate the minimum credit and GPA requirements the student must complete per semester in order to meet SAP standards. **Student MUST submit an updated academic plan before the end of the semester if any changes occur; <u>otherwise, student will fail any approved plan when SAP is calculated.</u>**

Semester:	Year:		Semester:	Year:
Course Title/Number	**Credit Hours**		**Course Title/Number**	**Credit Hours**
Repeat Credits:	Total Credits:		Repeat Credits:	Total Credits:
Minimum Semester GPA:			Minimum Semester GPA:	
Semester:	**Year:**		**Semester:**	**Year:**
Course Title/Number	**Credit Hours**		**Course Title/Number**	**Credit Hours**
Repeat Credits:	Total Credits:		Repeat Credits:	Total Credits:
Minimum Semester GPA:			Minimum Semester GPA:	

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 four questions listed below:

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? (mm/dd/yy) _____

What is the number of remaining hours needed to graduate? _____

_____   _____
Printed Name of Advisor   **College or Department**

_____   _____
Signature of Advisor   **Date** (mm/dd/yy)

Please return completed form via Secure File Upload: www.uwyo.edu/sfa/forms/upload.html