Satisfactory Academic Progress Appeal



Appeals must be submitted at least two weeks before the first day of class.					
Enter the semester for the appeal.	Fall Spring		Summer		
Student Information:					
Last Name	First Name	Stude	nt ID/SSN	Phone Number	
Mailing Address	City	State	Zip	Email Address	
☐I experienced the death or ☐ ☐I experienced other special			his semester.		
Requesting for Admission/Ac Any student who has been academ Any student academically suspend	ically suspended more than once			od must apply for reinstatement.	
			ts		
aid due to unsatisfactory academic result of one or more of the follow 1. Failure to complete a 6 2. Less then a cumulative 3. Attempted in excess of	student receiving financial aid met progress may appeal for reconsiting: 7% pace of progression (cumulat 2.0 GPA 150% of the credit hours require satisfactory academic progress metals.	ideration of the credit described for your nust be the	of financial aid eligithours attempted) program	/certificate. Students denied financial bility. Ineligibility for aid may be the	
Less than a cumulative 2.0 Attempted in excess of 150	pace of progression (cumulative	credit hou	rs attempted)		
Student Explanation is required	for both Admissions/Academic	and Fina	ncial Aid Appeal. l	If the student is completing both,	

only one student explanation statement is needed.

- 1. Provide a typewritten statement detailing the extenuating circumstances for **each** semester that you did not maintain satisfactory academic progress. Please include:
 - What specifically happened that caused you not to maintain satisfactory academic progress?
 - When did the above occurrence happen?
 - How did the above occurrence affect your academic performance?
 - If this situation involves more than one semester, briefly explain why you continued to enroll without adjusting your course load.
 - Briefly explain what has now changed, or the steps you have taken, that should now result in you maintaining satisfactory academic progress in the future.
- Provide documentation for the above occurrences
 - Signed statement from medical professional stating the circumstance and specified date of occurrence.
 - Signed statement from a parent/relative describing a family emergency that required your attention and specified date of occurrence. Along with this statement, include a copy of death certificate or physician's statement.
 - You may provide any additional documentation that will help us make a decision.

Student Statement of Understanding

My signature below acknowledges the following statements:

- The information on this form and in any attachments is complete and accurate. It also authorizes the designated department to verify any information submitted.
- The appeal will be reviewed by the SAP Appeal Committee and all decisions made are final.
- I understand the SAP Appeal review process may take a minimum of 4 6 weeks.

Student Signature	Date
Office Use Only	
Admission/Academic Appeal Probation (1 semester) Academic Plan Appeal Denied-Incomplete Appeal Denied	Financial Aid Appeal Probation (1 semester) Academic Plan Appeal Denied-Incomplete Appeal Denied
Reviewed by:	Date
Reviewed by:	Date