Last Name ____________________________ First Name _____________________ M.I. ______ Student Number _______________

Satisfactory Academic Progress Appeal Form

Year in school________________________________   Expected graduation date____________________________________

Semester/Year that you are appealing to receive financial aid________________________________________________________

Telephone number____________________________ Email Address______________________________________________

Appeals will be reviewed once this form is submitted, along with the following items:

1.) An essay demonstrating extenuating circumstances that impeded your ability to make progress academically, as well as how circumstances have changed to allow for future academic success.

2.) An academic plan of study completed with an academic advisor.
   • Deciding or changing majors should meet with an advisor within the Office of Academic Advising.
   • If within 30 hours of graduating; students can meet with a record analyst (assigned by major) in the Registrar’s Office.

3.) All appeals must be accompanied by third party documentation of the circumstances encountered. Examples of extenuating circumstances include but are not limited to:
   • Personal or Family Emergency
   • Serious Medical Issues
   • Psychological Issues

I understand that simply filing an appeal does not guarantee renewed financial aid eligibility and that I am solely responsible for any University bills that are issued before or during the process of appealing for aid.

Student Signature ________________________________    Date ________________________
SATISFACTORY ACADEMIC PROGRESS (SAP) PLAN OF STUDY

The Financial Aid SAP Appeal Committee requires all students to meet with their academic advisor or record analyst to determine a viable plan of study to assist the student in meeting degree requirements within their major. The plan of study is also intended to assist the student in meeting Financial Aid Satisfactory Academic Progress (SAP) requirements going forward. The following plan of study will be used as part of the Financial Aid SAP appeal process for students and is not intended for any other use. Students within 30 hours of graduation may also check with the record analyst within their major to ensure that all degree requirements are met.

The plan of study must be submitted along with the student’s SAP appeal prior to review.

Degree(s)/ Major(s): ___________________________________________________ Minor(s): _________________________________________________________

Projected Graduation Date: ____________________________________________

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<th>Semester &amp; Year:</th>
<th>Course No. and/or Course Title</th>
<th>Sem. Hours</th>
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Total Semester Hours:

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Total Semester Hours:

List all coursework for which the student plans to register in the future in order to meet degree requirements and meet. It is understood that some classes may vary based on availability. To qualify for federal financial aid, you must enroll be enrolled at least half-time coursework (6 hours for undergraduates, 5 hours for graduates) during a semester.

Advisor Signature: ____________________________________________ Department: ____________________________________________

Advisor Email: ____________________________________________ Phone: __________________________ Date: __________________________