

# Satisfactory Academic Progress (SAP) Appeal Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ ID Number: \_\_\_\_\_


Year in School: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_


Semester/Year You Are Appealing to Receive Financial Aid: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_


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

 TO AVOID DELAYS, PLEASE SUBMIT ALL THREE ITEMS LISTED BELOW.

**Essay**  An **essay** explaining the extenuating circumstances that impeded your ability to make progress academically AND the steps you have taken or will take to allow for future academic success.

**Plan of Study**  An **academic plan of study**, signed by an academic advisor.

- Deciding or changing majors should meet with an advisor in the Office of Academic Advising.
- If within 30 hours of graduating, students can meet with a record analyst (assigned by major) in the Office of the Registrar.

**3<sup>rd</sup> Party Documentation**  All appeals must be accompanied by **third party documentation\*** of the circumstances encountered. See the *SAP Tips & Additional Information* document online at [finaid.uni.edu/academic-progress](http://finaid.uni.edu/academic-progress) for examples of documentation. Examples of extenuating circumstances include, but are not limited to:

- Personal or Family Emergency
- Serious Medical Issues
- Psychological Issues

**\*If you have already submitted documentation to other offices on campus, please indicate below to which office(s) you have submitted documentation (check all that apply).**

**By checking any of the boxes below, you authorize the UNI Office of Financial Aid & Scholarships to obtain the documentation you submitted to the office(s) indicated.**

Dean of Students Office     Office of the Registrar     Provost's Office

Other (please specify): \_\_\_\_\_

*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: \_\_\_\_\_

Please sign in blue or black ink. **Electronic signatures will not be accepted.**

Office Use:	Approved: _____	Denied: _____	By: _____	Date: _____
Reason: _____				

## Satisfactory Academic Progress (SAP) Plan of Study

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ ID Number: \_\_\_\_\_

Degree(s)/Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

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 SAP requirements in the future. The following plan of study will be used as part of the Financial Aid SAP appeal process; it is not intended for any other use.

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

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

Semester & Year: \_\_\_\_\_

Course No. and/or Course Title	Hours
<b>Total Semester Hours:</b>	

Semester & Year: \_\_\_\_\_

Course No. and/or Course Title	Hours
<b>Total Semester Hours:</b>	

Semester & Year: \_\_\_\_\_

Course No. and/or Course Title	Hours
<b>Total Semester Hours:</b>	

Semester & Year: \_\_\_\_\_

Course No. and/or Course Title	Hours
<b>Total Semester Hours:</b>	

Semester & Year: \_\_\_\_\_

Course No. and/or Course Title	Hours
<b>Total Semester Hours:</b>	

Semester & Year: \_\_\_\_\_

Course No. and/or Course Title	Hours
<b>Total Semester Hours:</b>	

Advisor Signature: \_\_\_\_\_ Department: \_\_\_\_\_

Advisor Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_