

Satisfactory Academic Progress (SAP) Appeal Form

Last Name: _____ First Name: _____ ID Number: _____


Year in School (ex. Junior): _____ Expected Graduation Date (ex. Spring 2022): _____

Semester You Are Appealing to Receive Financial Aid (ex. Fall 2020): _____

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.

Title IX Notice: If your essay includes the disclosure of gender violence, please be aware that your appeal will be shared with the University Title IX Officer so that appropriate resources may be offered to you. For more information, visit safety.uni.edu. If you have already worked with that office, please indicate below:

I am working with the Title IX Officer in the Office of Compliance and Equity Management.


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 in the Office of the Registrar.

3rd Party Documentation



All appeals must be accompanied by **third party documentation** of the circumstances encountered. Please review our website for more information: finaid.uni.edu/academic-progress.

If you would like us to obtain documentation that you have already submitted to other offices on campus, please indicate below to which office(s) you have submitted documentation.

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

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

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:** _____

Form does NOT need to be signed if student emails form from their UNI student email address. Please email forms to jennifer.sullivan@uni.edu.

Office Use:	Approved	Denied	Appeal #: _____	By: _____	Date: _____
Reason: _____					
GPA Pace Max Time					

Satisfactory Academic Progress (SAP) Plan of Study

Last Name: _____ First Name: _____ ID Number: _____

Degree(s)/Major(s): _____ Minor(s): _____

Expected Graduation Date (ex. Spring 2022): _____

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 and SAP standards in the future. The 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 other appeal documents 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 graduate students during a fall/spring semester).

Semester & Year: _____

Course No. and/or Course Title	Hours
Total Semester Hours:	

Semester & Year: _____

Course No. and/or Course Title	Hours
Total Semester Hours:	

Semester & Year: _____

Course No. and/or Course Title	Hours
Total Semester Hours:	

Semester & Year: _____

Course No. and/or Course Title	Hours
Total Semester Hours:	

Semester & Year: _____

Course No. and/or Course Title	Hours
Total Semester Hours:	

Semester & Year: _____

Course No. and/or Course Title	Hours
Total Semester Hours:	

Advisor Signature: _____ Department: _____

Form does not need to be signed if advisor emails form from their UNI email address. Please email forms to jennifer.sullivan@uni.edu.

Advisor Email: _____ Phone: _____ Date: _____