



SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Name: _____ Student ID: _____

Major: _____ Jagmail: _____

Please check the term for which you are submitting this appeal: ___ Fall ___ Spring ___ Summer

Please check the circumstance(s) below that caused you to fall below the Satisfactory Academic Progress (SAP) Standards. Unacceptable circumstances for appeal include, but are not limited to: voluntary change in work hours, disagreement / dislike of an instructor, his/her teaching style, or lack of self-motivation.

- ___ **Change of major**, resulting in exceeding maximum allowable timeframe. You must submit an Attempted Hours Evaluation Form and Academic Plan **before** submitting an appeal. In some instances, an appeal may not be needed.
- ___ **Serious injury, illness, medical or mental health condition involving yourself or an immediate family member.** Attach supporting medical documentation that reflects condition, dates of occurrence and treatment.
- ___ **Death of an immediate family member.** Attach a copy of death certificate or obituary and include (in your appeal statement) the relationship of the deceased to you.
- ___ **Other non-academic circumstances beyond your control.** Supporting documentation from a third party (counselor, police, physician, etc.) must be attached.

All appeals should include a legible statement that includes the following:

- Clearly explain how the circumstances prevented you from meeting SAP Standards. Provide relevant dates and address semesters in which you demonstrated poor academic performance.
- Explain how you will be able to meet the SAP Standards in the future.

*If you are submitting this form to appeal your **Maximum Allowable Time Frame**, you are required to submit an **Academic Plan** (located on our website) along with this appeal form. Please refer to our **SAP standards** (located on our website) for additional appeal information.*

Student Certification: I understand that this appeal is subject to review by the SAP Appeals Committee and that approval or denial of this appeal will be based on the information included (and/or attached). **Appeals that are incomplete, illegible, lack supporting documentation or are submitted after the deadline will be denied.** I will pay for tuition, fees and other educational expenses until an appeal decision has been made. There is no guarantee that a decision will be made before the payment deadline. **I also understand that any financial aid that is currently posted for the semester for which I am appealing will not be applied or disbursed unless the appeal is approved.** I further understand that I may apply for financial aid in anticipation of the approval of my appeal and, if approved, my aid will be awarded based on my eligibility. I will be notified of the results of my appeal via institutional email. I understand that, if approved, I will be required to submit an **Academic Plan** which must be completed with my advisor. I must successfully complete the courses reported on the Academic Plan in order to maintain financial aid eligibility.

Student Signature

Date