



SATISFACTORY ACADEMIC PROGRESS APPEAL 2024–2025

Student's Name: Last

First

M.I.

U-M ID number (eight digits)

DEADLINES:

Nov. 1

to receive aid
for fall term

March 1

to receive aid
for winter term

July 1

to receive aid
for spring/summer term

STEP 1

I was unable to maintain Satisfactory Academic Progress (SAP) during the previous academic period and I am appealing (please check one):

To have my aid restored after withdrawing from all classes in a term.

To have my aid restored after failing to meet SAP requirements due to other special circumstances.

I am currently meeting SAP, however I am appealing for an extension of my aid eligibility.

Signature (typed signatures are acceptable)

Date

STEP 2

Please attach a detailed statement that explains:

- A. The specific circumstances that prevented you from making SAP.
- B. What has changed and/or how you will address the circumstance(s) described above so that you can successfully complete your academic program.

Attach as many additional pages as needed to fully explain your individual circumstance(s). Personal statements that do not provide sufficient information may cause your appeal to be denied.

STEP 3

Attach any supporting documentation of your situation.

STEP 4

TO BE COMPLETED AND SIGNED BY ACADEMIC ADVISOR

You must meet with your academic advisor(s). They must complete the information below and sign the form before your appeal can be considered.

ADVISOR(S):

Please complete the following information as it pertains to your student.

Student's current number of academic credits toward program (CTP): _____

Student's Michigan Honor Points (MHP) deficit: _____

Student's cumulative grade point average (GPA): _____

Remaining terms of enrollment: _____

Please describe **the academic recovery plan** needed to bring the student into financial aid SAP eligibility (i.e., GPA that will meet graduation requirements and a minimum completion rate of 67% of attempted coursework). Be as specific as possible, and include any required or restricted courses and any restrictions on full-time enrollment:

By signing below, I certify that, if the student follows the plan described above, it is mathematically possible for the student to graduate from their program within the number of semesters of study noted above. (Note: For any student with a sophomore or above academic standing, all applicable advisors must sign off on the above plan.)

Concentration advisor signature/advising unit (typed signatures are acceptable)

General advisor signature (typed signatures are acceptable)

Concentration advisor's name – please print (if filled out by hand)

General advisor's name – please print (if filled out by hand)

Date

Phone number

Date

Phone number