Student Name: _______________________________________________________________________________________

UMID Number: ______________________ Email Address: ____________________________________________________

DIRECTIONS:
• Complete all items on page 1.
• Your academic advisor(s) must complete all items on page 2.
• Attach appropriate documentation and return to the Office of Financial Aid.
• Appeal by these deadlines (appeals received after these deadlines will not be considered until the following term):

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOV. 1</td>
<td>to receive aid for Fall Term</td>
</tr>
<tr>
<td>MARCH 1</td>
<td>to receive aid for Winter Term</td>
</tr>
<tr>
<td>JUNE 1</td>
<td>to receive aid for Spring Term</td>
</tr>
<tr>
<td>AUG. 1</td>
<td>to receive aid for Summer &amp; 16-wk Spring/Summer terms</td>
</tr>
</tbody>
</table>

I was unable to maintain Satisfactory Academic Progress during the previous academic period because (please check one):

- [ ] 1. I experienced a death or major illness within my immediate family.
- [ ] 2. I experienced a personal illness or injury.
- [ ] 3. Other special circumstance
- [ ] 4. Withdrawal from all classes in a term

Please explain the specific circumstances that prevented you from making Satisfactory Academic Progress. 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. Documentation of your situation must also be provided.

________________________________________________________________________________________________________________
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________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Please explain what has changed and/or how you will address the circumstance(s) described above so that you can successfully complete your academic program. Attach any additional pages or provide additional documentation, as needed.

________________________________________________________________________________________________________________
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________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
TO BE COMPLETED AND SIGNED BY ACADEMIC ADVISOR

You must meet with your academic advisor(s). He or she 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): ________________________________________________________________

Please describe the academic recovery plan needed to bring the student into financial aid Satisfactory Academic Progress (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:

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

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________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

By signing below, I certify that, if the student follows the plan described above, it is mathematically possible for the student to graduate from his or her program within _____ semesters of study. *(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

________________________

GENERAL ADVISOR SIGNATURE

________________________

CONCENTRATION ADVISOR’S NAME – PLEASE PRINT

________________________

GENERAL ADVISOR’S NAME – PLEASE PRINT

________________________

DATE

PHONE NUMBER

DATE

PHONE NUMBER