

Satisfactory Academic Progress Appeal 2018-2019

Student Name: _____
PLEASE PRINT

UMID Number: _____ Email Address: _____

DEADLINES:

November 1

to receive aid
for Fall Term

March 1

to receive aid
for Winter Term

June 1

to receive aid
for Spring Term

August 1

to receive aid for Summer &
16-wk Spring/Summer terms

STEP 1

I was unable to maintain Satisfactory Academic Progress 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.
- For an extension of my aid eligibility.

STEP 2

Please attach a detailed statement explaining 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. Also attach documentation of your situation.

STEP 3

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 documentation, as needed.

Go to page 2 to complete

STEP 4

STEP 4

_____ **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): _____

Remaining terms of enrollment: _____

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:

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 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

GENERAL ADVISOR SIGNATURE

CONCENTRATION ADVISOR'S NAME – PLEASE PRINT

GENERAL ADVISOR'S NAME – PLEASE PRINT

DATE

PHONE NUMBER

DATE

PHONE NUMBER