



# SATISFACTORY ACADEMIC PROGRESS APPEAL 2025–2026

Student's Name: Last

First

M.I.

U-M ID number (eight digits)

### DEADLINES:

**Sep. 1**

to receive aid  
for fall term

**Jan. 15**

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 for future semesters 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.

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**STEP 4**

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**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 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.

For students appealing for an extension of their aid eligibility, **please list all classes necessary for finishing the degree, including the credit load for each.** Note that you should exclude any courses needed for a minor, second major, or prerequisites for future programs. If certain courses are available only during specific semesters (for example, if a course is only offered during winter terms or the two remaining courses need to be taken in a sequence over two semesters), please make that clear.

**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: Students requesting an extension of aid should have their concentration/major advisor complete and sign off on this 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