



SATISFACTORY ACADEMIC PROGRESS APPEAL 2019-2020

Student's Name: Last

First

M.I.

UMID Number (8 digits)

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.

I am currently meeting satisfactory academic progress, however I am appealing for an extension of my aid eligibility.

- Was this related to the COVID-19 health crisis and its impact on you?

Yes No

If you select Yes, you are not required to complete Steps 2, 3 or 4. Please submit this form for review by the Office of Financial Aid.

Signature: _____ Date: _____

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 supporting documentation of your situation.

Note: If you indicated in Step 1 that your situation was impacted by the COVID-19 health crisis, you are not required to complete this step.

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.

Note: If you indicated in Step 1 that your situation was impacted by the COVID-19 health crisis, you are not required to complete this step.

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.

Note: If you indicated in Step 1 that your situation was impacted by the COVID-19 health crisis, you are not required to complete this step.

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 (if filled out by hand)

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

Date

Phone number

Date

Phone number