SATISFACTORY ACADEMIC PROGRESS APPEAL 2020-2021

DEADLINES:

<table>
<thead>
<tr>
<th>November 1</th>
<th>March 1</th>
<th>June 1</th>
<th>August 1</th>
</tr>
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<tbody>
<tr>
<td>to receive aid for Fall Term</td>
<td>to receive aid for Winter Term</td>
<td>to receive aid for Spring Term</td>
<td>to receive aid for Summer &amp; 16-wk Spring/Summer terms</td>
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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.

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.

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.
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:

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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 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: ________________________________