

SATISFACTORY ACADEMIC PROGRESS APPEAL FOR UNDERGRADUATE, MASTER'S, AND PROFESSIONAL STUDENTS

DIRECTIONS—You may appeal your financial aid satisfactory academic progress (SAP) status if unusual circumstances interfered with your ability to meet SAP standards. Examples of unusual circumstances include, but are not limited to, divorce, serious injury or illness, personal issues, death of a family member, documented disability, reinstatement after academic suspension, or a return to school after an extended period of absence.

RETURN THIS FORM TO THE:

SAP Appeals Committee
BY EMAIL: onestop@umn.edu

BY MAIL:
 Office of Student Finance University of Minnesota, Twin Cities 200 Fraser Hall
 106 Pleasant St. SE
 Minneapolis, MN 55455

IN-PERSON ON CAMPUS TO:
One Stop Student Services
 333 Robert H. Bruininks Hall

To file an appeal:

- Complete Sections A, B, and C of this form.
- Gather supporting documentation.
- Meet with your adviser to develop an academic plan that will result in you meeting SAP standards. Attach a copy of your plan to this appeal. Your adviser must complete Section D.
- Sign Section E of this form.
- Submit the completed form, **with the required documentation, academic plan, and signatures.**

Within 10 business days after your appeal is received, you will be notified by email as to whether your appeal was approved or denied.

It is in your best interest to submit an appeal as soon as you receive your suspension notice. All appeals must be submitted two weeks before the end of the semester for which you are seeking aid. If your appeal is not approved by the end of the fifth week of the term in which you have suspension status, your financial aid awards will be canceled and their funds will be returned to their programs and awarded to other eligible financial aid recipients. In that case, if your appeal is granted, your aid will be reinstated based on funds available at the time.

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black

| SECTION A. Student information | | | |
|--|--------------|--|---|
| Name (last, first, middle initial) | | University ID | |
| University email | | Phone (include area code) | |
| @umn.edu | | | |
| Career: (choose one) | | Reason for financial aid SAP suspension: | |
| Undergraduate | Professional | Cumulative GPA | Cumulative Attempted Credit Percentage |
| Graduate | | Maximum Attempted Credits | Readmission After Collegiate Suspension |
| SECTION B. Explain your unusual circumstances | | | |
| You must attach appropriate supporting documentation to this form according to these guidelines: | | | |
| <ul style="list-style-type: none"> • If a family member or significant person in your life has died, please attach a copy of the obituary or death certificate. • If you, a family member, or a significant person in your life has had a serious illness, accident, or injury, please attach a statement from a doctor or other professional third party, and/or a police report, and/or a hospital bill. • If you or your parent has had a divorce, please attach a copy of a letter from an attorney or the divorce decree. • If you have experienced personal problems or issues with your spouse, family, or roommate, please attach a statement from a doctor, counselor, lawyer, or other professional third party. • If you have reduced your work schedule to allow for more time in which to study, please provide a letter from your employer. | | | |
| Be specific in describing the factors that caused you to fail to meet SAP standards. Attach supporting documents and any additional pages (if necessary to complete your statement). | | | |
| | | | |



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SECTION C. Explain what has changed that will allow you to meet SAP standards

Be specific in describing the actions you will take to improve your performance. Attach additional pages if necessary.

SECTION D. Adviser's statement and academic plan

Adviser: The University of Minnesota Satisfactory Academic Progress standard requires a minimum cumulative GPA of 2.0 for undergraduates and 2.8 for graduates, successful completion of 67% of courses attempted for all students, and attempts at no more than 150% of the total credit hours for a degree.

Please review with the student the reason for SAP suspension (see section A), then work with the student to develop an academic plan that, if successfully followed, will result in the student attaining the required standard. This section must be completed for this appeal to be processed.

Step 1 What tool did you use to develop the academic plan for the student? **Attach a copy of the plan to this appeal.**

Graduation Planner APAS Other _____

Step 2 Is the student filing a Cumulative GPA Appeal? Yes No

If **yes**, do you anticipate that the student can reasonably attain the required GPA in one term? Yes No

If **no**, indicate by what term the student could reasonably be expected to attain minimum GPA standards and what GPA will be required each term to meet standards by that time.

fall 20__ spring 20__ May/summer 20__ Average GPA needed each term: _____

Step 3 Is the student filing a Cumulative Completed Credits Percentage Appeal? Yes No

If **yes**, the student will be required to complete 100% of coursework attempted.

Is the student's academic plan for the upcoming semester reasonable in terms of semester hours and class difficulty? Yes No

Step 4 Is the student filing a Maximum Attempted Credits Appeal? Yes No

If **yes**, is the student seeking a second degree? Yes No

If student is filing a maximum time frame appeal, please provide the following information below.

| | | |
|--------------------------|---------------------------|---|
| Student's degree program | Projected graduation date | Credits remaining to complete program (include in progress & future semesters) |
| | | |

Step 5 Please provide the following information regarding the student's appeal.

Please add comments, indicate any concerns you have about plan viability, and recommend any action to assist the student with academic success (e.g., referral to the University Learning Center, referral to Career Services, recommendation to reduce work hours or change classes).

| | |
|--------------------|--------------------------------|
| Adviser | Title |
| Department/college | University email _____@umn.edu |
| Adviser signature | Phone |
| | Date |

Section E. Student certification

I understand I must successfully complete the academic plan developed and agreed upon with my adviser to remain eligible for financial aid.

| | |
|-------------------|------|
| Student signature | Date |
|-------------------|------|