

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

**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.**

**IN-PERSON ON CAMPUS TO:**  
**One Stop Student Services**  
333 Robert H. Bruininks Hall  
130 West Bank Skyway  
130 Coffey Hall

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			
<b>Career: (choose one)</b>		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			
<b>You must attach appropriate supporting documentation to this form according to these guidelines:</b>			
<ul style="list-style-type: none"> <li>• If a family member or significant person in your life has died, please attach a copy of the obituary or death certificate.</li> <li>• 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.</li> <li>• If you or your parent has had a divorce, please attach a copy of a letter from an attorney or the divorce decree.</li> <li>• 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.</li> <li>• If you have reduced your work schedule to allow for more time in which to study, please provide a letter from your employer.</li> </ul>			
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).			



To request copies of this form in an alternative format, please call a Disability Resource Center liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.



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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
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