UNIVERSITY OF MINNESOTA

SATISFACTORY ACADEMIC PROGRESS APPEAL FOR DOCTORAL STUDENTS

DIRECTIONS—You may appeal your SAP suspension if *unusual circumstances* interfered with your ability to meet SAP standards. Examples of unusual circumstances include, but are not limited to, divorce, serious illness or injury, death of a family member, or documented disability. Please submit the form with the required documentation and signatures at least two weeks prior to the end of the term.

It is in your best interest to submit an appeal as soon as you receive your suspension notice. To file an appeal:

- Complete Sections A, B, and C of this form.
- Gather and **attach required supporting documentation and signatures.**

You will be notified by email as to whether your appeal has been granted or denied.

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

In person on campus:
One Stop Student Services Center
University of Minnesota, Twin Cities
333 Robert H. Bruininks Hall
130 West Bank Skyway
130 Coffey Hall

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

SECTION A. Student information

Name (last, first, middle initial)		University ID
University email	Phone (include area code)	Projected graduation date

SECTION B. Reason for appeal

Describe the factors that caused you to fail to meet SAP standards and describe what has changed to allow you to meet SAP standards.
REQUIRED: Attach supporting documentation, e.g., letter from a physician, psychologist, or counselor.

COMPLETION DATES: Project your completion dates (month/day/year) for each of these program milestones:

Preliminary written exam	Preliminary oral exam	Thesis/Project proposal	Final oral exam

SECTION C. Certification

To the best of my knowledge, all information on this form is complete and correct.

Student's signature	Date

SECTION D. Adviser's certification

Please attach a letter with your assessment of whether the student is making reasonable academic progress.

Name of graduate program adviser	Phone
Signature	Date

SECTION E. Director of Graduate Studies' certification

I approve the projected completion dates for the student's program milestones. ☐ yes ☐ no

Name of the director of Graduate Studies	Phone
Signature	Date

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