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

SECTION A. Student information			
Name (last, first, middle initial)			University ID
University email		Phone (include area co	ode) 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

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



Signature

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.



Date