

Financial Aid Satisfactory Academic Progress Appeal

FINANCIAL AID SAP APPEAL COVER PAGE

Student Name: _____

Student ID: _____

Degree Program: _____

Effective Term: _____
Fall/Spring/Summer Year

I am appealing due to: GPA Completion Rate Max Hours (Check all that apply)

Student Instructions for the appeal process:

Step 1: In a typed letter explain what extenuating circumstances hindered you from meeting satisfactory academic progress (SAP). Additionally, explain how your situation has changed so you may be successful. If your situation has not changed, explain how you plan to become successful.

Step 2: Supporting documentation must be included to support your letter. Examples of documentation include; physician statement, death certificate, obituary, court documents, paystubs or letters from involved third parties such as doctors, therapists, counselors, attorneys, or employers. **Appeals without supporting documentation will not be reviewed.**

Step 3: Complete page 2 of this form, UAFS Academic Plan.

Visit with the Financial Aid Office to review your current SAP status and the conditions of your Academic Plan.

Visit with your Academic Advisor to review your remaining degree requirements for your current major.

Step 4: Sign and date the Student Certification section of this form and submit it to the Financial Aid Office along with your letter of appeal and supporting documentation. Include your full name and UAFS ID on each page. **It is your responsibility to ensure that all required appeal paperwork is received by our office. Incomplete appeals will not be reviewed.**

The committee will meet at regular intervals. Please allow two to four weeks for processing. The committee's decision will be sent to your UAFS email address. If the appeal is approved, the requirements of your Academic Plan will be provided in the decision notification. The decision of the committee is final. Re- appeals may be requested only if new information or documentation was omitted from the initial appeal.

There is no guarantee that your appeal will be approved. Students should be prepared to make other financial arrangements for their institutional charges according to the payment deadlines established by the institution. This may include making a payment in full, enrolling in a payment plan, etc.

STUDENT CERTIFICATION:

I certify that all of the information on this form and any attached supporting documents are true, complete, and accurate to the best of my knowledge. By signing, I certify that I understand that the Committee's decision is final for the semester for which I am appealing. Also, I understand the Satisfactory Academic Progress policy within this form and realize I must be making satisfactory academic progress after this semester to receive future aid. *I further understand that registering for the next semester is at my own risk. I assume financial responsibility for my courses, should my appeal be denied for any reason.*

Student Signature: _____

Date: _____

For Office Use Only:

GPA	Completed Hours	Attempted Hours	Completion Rate	No. of Previous Appeals

UNIVERSITY OF ARKANSAS - FORT SMITH ACADEMIC PLAN

Step I – To be completed by the student (Please type or print)	
Name:	UAFS I.D.:
Advisors's Printed Name	Major:
Appeal Term	<input type="checkbox"/> Fall 20_ <input type="checkbox"/> Spring 20_ <input type="checkbox"/> Summer 20_
Please be as accurate as possible when answering these questions. This information will assist the Financial Aid Office with determining the requirements for your Academic Plan.	
1. How many credit hours per semester do you plan to enroll? _____	
2. Approximately how many semesters do you have left to complete your degree? _____	
Student's Signature:	Date:
Step II – To be completed by University of Arkansas - Fort Smith Financial Aid Office	
SAP Suspension Status: <input type="checkbox"/> Completion Rate <input type="checkbox"/> GPA <input type="checkbox"/> Max Hours	
Student must earn a semester GPA of no less than _____, until cumulative GPA meets or exceeds minimum Satisfactory Academic Progress standards.	
Students must earn a semester completion rate of _____ over the next _____ attempted hours, until cumulative completion rate meets or exceeds minimum Satisfactory Academic Progress standards.	
Number of semesters to achieve good standing at stated pace: _____	
Semester to achieve good standing by: _____	
Financial Aid Signature and Date:	Printed Name:
Step III – To be completed by Advisor	
1. How many hours does this student have remaining to complete this degree? _____	
(Optional: Attach Degree Audit/Long Term Plan)	
I, the advisor, certify the remaining degree requirements for completion of this major. I have discussed the remaining degree requirements and Academic Plan requirements as stated in Step II with the above-named student.	
Advisor Signature:	Date:
Step IV – To be completed by Student	
Under this Academic Plan:	
I, the above-named student, certify that I have met with my advisor and am aware of my remaining degree requirements. I understand that the criteria set forth in this Academic Plan (Step II) must be met in order to receive financial aid. I understand that I may only receive financial aid for courses required for degree completion.	
Student Signature:	
Printed Name:	Date: