

# SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM FSAP

Type or write in **BLACK** ink. **DO NOT** use pencil.

STUDENT LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:		ZIP:	
PHONE:		E-MAIL:	

## Appeal Guidelines

A student who is no longer eligible for federal or institutional financial aid due to a failure to meet Satisfactory Academic Progress standards and who has been placed in Financial Aid Suspension may appeal this status.

### Submission Deadline

We recommend that you submit your SAP Appeal before the start of the semester for which you would like to receive financial aid. **Fall and Spring semester appeals must be submitted no later than 30 days prior to the end of the semester for which you want to receive financial aid. Summer semester appeals must be submitted at least 10 days prior to the last day of YOUR last summer class. Incomplete or late appeals may jeopardize the reviewing of your appeal in a time frame that would allow your financial aid to disburse.** See <https://financialaid.arizona.edu/managing-my-aid/satisfactory-academic-progress-sap-policy> for the deadline to submit your SAP Appeal. **Incomplete appeals or appeals submitted after the deadline may not be processed and your financial aid may be cancelled.**

**NOTE: The Colleges of Law, Medicine and Pharmacy have their own qualitative and quantitative standards for assessing Satisfactory Academic Progress and processes for reviewing appeals. Students enrolled in those colleges should contact their college representative directly.**

The outcome of this appeal will depend on the nature of the circumstances, the quality of the documentation the student provides, and how well the student has displayed the ability to progress towards degree completion within a reasonable time period. All documentation submitted is confidential.

Some examples of unusual circumstances follow, along with examples of appropriate documentation required to support and appeal:

Circumstance	Examples of Supporting Documentation
The student's own mental or physical illness, injury or disability	Verification of Health-Related Reasons for OSFA form (Campus Health)*
Death of a family member or significant person in the student's life	Provide a copy of an obituary or death certificate
Illness, accident, or injury of a significant person in the student's life	Provide documentation (e.g., a physician's statement, police report or documentation from a third party professional, such as a hospital billing statement), related to the individual for whom the student provided care or support and/or personal statement
The student's own divorce or separation or the divorce or separation of the student's parent(s)	Provide an attorney's letter on law firm's letterhead, petition for dissolution, or copy of divorce decree and/or personal statement
Personal circumstances other than the student's own mental or physical illness or injury or disability; issues with the student's spouse, family, roommate, or other significant person in the student's life	Provide a written statement from an attorney, professional advisor or other individual describing circumstances and/or personal statement
Natural disasters	Provide a written statement and/or supporting document(s)
Exceeding Maximum Timeframe standard while in a second undergraduate or dual degree program or as a result of changing the student's major or excess transfer units	Provide an advisor's written statement and signature on appeal form. Fill in the academic plan on page 3 and provide a personal statement

\*See **Section 1** on page 2 of this appeal packet.



Administration Building · Room 208  
 P.O. Box 210066, Tucson, AZ 85721-0066  
 TEL: 520.621.1858 · FAX: 520.621.9473  
[financialaid.arizona.edu](http://financialaid.arizona.edu)

**Section 1 – Required**  
**To be completed by the**  
**student.**

Directions:

**Select one of the two boxes below that best describes your situation.**

My appeal is based upon my own mental and/or physical illness, injury, or disability.

If you checked this box, you must:

1. Obtain a *Verification of Health-Related Reasons for OSFA* form from Campus Health.
  - a. Obtain a letter from a licensed health care provider, on the health care provider's letterhead, which contains the following information:
    - i. The approximate date of onset of the mental or physical illness, injury or disability giving rise to the circumstances surrounding the appeal, and the dates through which such condition continued;
    - ii. The general nature of the mental or physical illness, injury or disability that prevents or prevented you from meeting the SAP standards;
    - iii. The last date on which you were or anticipate being able to resume your eligibility for financial aid.
  - b. **Provide your licensed health care professional's letter to Campus Health Service to the attention of:**

Dr. Harry McDermott  
 PO. Box 210095  
 Tucson, AZ 85721  
 FAX: 520-621-8412

- i. Campus Health will review the letter and, if it meets the conditions for appeal based upon your own mental or physical illness or injury or disability for the time period for which the suspension occurred, they will issue a *Verification of Health-Related Reasons for OSFA* form. The Verification form will include the dates of onset of the condition and the dates through which such condition continued, but will **not** include information related to the nature of the condition. **You must attach the *Verification of Health-Related Reasons for OSFA* form to your SAP appeal form and return it, along with a personal statement, to the **Office of Scholarships and Financial Aid (OSFA)**. The *Verification of Health-Related Reasons for OSFA* form alone (turned in without a student personal statement) is not sufficient documentation for SAP appeal approval.**
2. Provide a personal statement without describing the condition itself and *Verification of Health-Related Reasons for OSFA* form.
  - a. Personal statement should describe all items listed below:
    - i. How the condition negatively impacted your ability to maintain necessary course enrollments or GPA. If this condition covered more than one semester, address how the condition prevented you from meeting the standards for each semester.
    - ii. How you attempted to maintain your financial aid eligibility during the most recent term, considering these circumstances.
    - iii. How the circumstance(s) that prevented you from meeting the SAP standards have now been resolved.
    - iv. If this condition occurred during prior semesters you must indicate what steps were taken to improve your condition.

My appeal is based upon circumstances **other than** my own mental and/or physical illness, injury, or disability.

If you checked this box, you must:

1. Provide a personal statement which describes all items listed below:
  - a. The reason(s) that you failed to meet the SAP standards. If these circumstances covered more than one semester, address the relevant circumstances for each semester that you did not meet the standard(s).
  - b. How you attempted to maintain your financial aid eligibility during the most recent term, considering these circumstances.
  - c. How the circumstance(s) that prevented you from meeting the SAP standards have now been resolved. You may attach additional supporting documentation, such as third-party statements, police reports, an obituary or death certificate, court documentation, or a letter from an attorney or other professional, detailing the reasons for your inability to meet the SAP standards. All documentation must be legible and in writing.

<b>Section 2 – Required</b> <i>To be completed by the student and academic advisor.</i>	Directions: <b><i>All students must complete this section.</i></b> <b><i>Check the box(es) below for each SAP Standard that was not met. You may find this information on Student Center &gt; My Financial Aid Status &gt; Satisfactory Academic Progress. Complete those specific sections.</i></b>  <b><i>Leave all unchecked sections blank.</i></b> <b><i>For advisors: To determine what SAP Standard was not met: Financial Aid &gt; Satisfactory Academic Progress &gt; Maintain SAP Data</i></b>
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**SAP ACADEMIC PLAN FOR FINANCIAL AID**

Current Cumulative GPA \_\_\_\_\_ College/Program \_\_\_\_\_

Estimated Graduation Date \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

**Student Not Meeting Cumulative GPA (2.0 undergraduate/3.0 graduate)**

- I will earn the minimum semester GPA **indicated below** while on this SAP Academic Plan. I understand that a complete withdrawal from this semester while on this academic plan should be discussed with my academic advisor and financial aid counselor *prior* to the withdrawal.

**Student Not Meeting Pace (Cumulative Units Completed/ Cumulative Units Attempted < 2/3)**

- I understand that a complete withdrawal from this semester while on this academic plan should be discussed with my academic advisor and financial aid counselor *prior* to the withdrawal.

**Student Exceeding Maximum Timeframe (to be completed by Academic Advisor)**

- Is this student pursuing a double major or degree?  Yes  No
- Did (or will) this student change his/her major?  Yes  No If yes, when? \_\_\_\_\_
- Expected Graduation Date \_\_\_\_\_

**Academic Plan**

**The following grid is required for all students (to be completed by Academic Advisor)**

*List specific courses or list general enrollment requirements. Carefully evaluate this plan as students will be expected to complete all courses listed below and earn the indicated minimum semester GPA. Understand that the student may lose aid eligibility if these terms are not met. If the student/advisor believes that the student will be better suited to enroll in less than 12 units per term during this SAP Academic Plan, please indicate below. List the most efficient plan for the student to graduate; the SAP Academic Plan should detail significant and reasonable progress.*

**Term:** \_\_\_\_\_

*(The term for which the student would like to receive financial aid, usually the current term.)*

Example Academic Plan	Example Units	Course Name	Units
ECON 330	3		
MGMT 402	3		
MGMT 403	3		
Finance upper division	3		
Spanish minor elective	3		
<b>Minimum Semester GPA</b>			
<b>Section 3 - Required</b>		Directions: <i>To be completed by the student's Academic Advisor.</i>	

**ACADEMIC ADVISOR STATEMENT**

The student whose name appears on this form is pursuing an appeal with the University of Arizona’s Office of Scholarships and Financial Aid regarding his/her SAP status. Academic Advisor input is required on Section 2 of this form (SAP Academic Plan).

Please use the space below to include any details about the student’s SAP Academic Plan such as support services, or other strategies discussed with the student to improve academically that are not listed in Section 2 of this form.

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I certify that I have worked with the student to fill in the information listed in Section 2.

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Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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Advisor Name (Print) \_\_\_\_\_

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College / Major \_\_\_\_\_

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Advisor Phone \_\_\_\_\_ Advisor E-mail \_\_\_\_\_

<b>Section 4 - Required</b>	<i>Directions: To be completed by the student.</i>
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**STUDENT CERTIFICATION**

I agree to this SAP Academic Plan. I understand that failure to follow and complete this plan will result in suspension from federal and institutional aid. I acknowledge that I am responsible for reading and acting upon (when necessary) the information sent to my UA email account. I certify that all information submitted with this appeal is accurate and true to the best of my knowledge, that all copies are unaltered, that I have appropriately obtained all supporting documentation. My personal statement explaining my circumstances is attached. I have read and understand the SAP Standards Policy and understand that submitting this form does not guarantee that my request will be granted.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_