SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

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

<table>
<thead>
<tr>
<th>STUDENT LAST NAME:</th>
<th>FIRST:</th>
<th>MI:</th>
<th>STUDENT ID #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LOCAL ADDRESS:</th>
<th>ZIP:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHONE:</th>
<th>E-MAIL:</th>
</tr>
</thead>
</table>

☐ ARIZONA ASSURANCE ☐ GATES ☐ NATIVE AMERICAN ☐ NURSING ☐ PHARMACY ☐ GRAD ELLER

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.

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:

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Examples of Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student’s own mental or physical illness, injury or disability</td>
<td>Verification of Health-Related Reasons for OSFA form (Campus Health)*</td>
</tr>
<tr>
<td>Death of a family member or significant person in the student’s life</td>
<td>Provide a copy of an obituary or death certificate</td>
</tr>
<tr>
<td>Illness, accident, or injury of a significant person in the student’s life</td>
<td>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</td>
</tr>
<tr>
<td>The student’s own divorce or separation or the divorce or separation of the student’s parent(s)</td>
<td>Provide an attorney’s letter on law firm’s letterhead, petition for dissolution, or copy of divorce decree and/or personal statement</td>
</tr>
<tr>
<td>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</td>
<td>Provide a written statement from an attorney, professional advisor or other individual describing circumstances and/or personal statement</td>
</tr>
<tr>
<td>Natural disasters</td>
<td>Provide a written statement and/or supporting document(s)</td>
</tr>
<tr>
<td>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</td>
<td>Provide an advisor’s written statement and signature on appeal form. Fill in the academic plan on page 3 and provide a personal statement</td>
</tr>
</tbody>
</table>

*See Section 1 on page 2 of this appeal packet.
### Section 1 - Required

**Directions:** To be completed by the student.  
*Select one of the two boxes below that best describes your situation.*

- **☐** My appeal is based upon my own mental or physical illness or injury or disability.  
  
  If you checked this box, you must:

1. Receive Verification of Health-Related Reasons for OSFA form from Campus Health.
   
   a. Obtain medical documentation from a licensed health care provider, or a letter on that 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;
   
   b. Provide the letter or medical documentation to Campus Health Service to the attention of:
      
      Michael Stilson, M.D.  
      Director, Medical Services  
      P.O. Box 210095  
      Tucson, AZ 85721-0095  
      FAX: 520-621-8412
      
      i. Campus Health Service will review the documentation 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 Campus Health Verification form to your SAP appeal form and return it, along with a personal statement, to the Office of Scholarships and Financial Aid (OSFA).** The Campus Health Verification 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 physical or mental illness or 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.
Section 2 - Required
Directions: To be completed by the student and academic advisor.
All students must complete this section.

Check the box(es) below for each SAP Standard that was not met. You may find this information on Student Center > My Financial Aid Status > Satisfactory Academic Progress. Complete those specific sections.
Leave all unchecked sections blank.

For advisors: To determine what SAP Standard was not met: Financial Aid > Satisfactory Academic Progress > Maintain SAP Data

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 any 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 any 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 ______________________________

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 will lose aid eligibility if these terms are not met. The example below demonstrates 12-units of enrollment. 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. It is recommended that this plan be for two terms, unless graduating.

<table>
<thead>
<tr>
<th>Example Academic Plan</th>
<th>Example Units</th>
<th>Term 1 Term: ____________________________</th>
<th>Units</th>
<th>Term 2 Term: ____________________________</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECON 330</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MGMT 402</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Finance upper division</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Spanish minor elective</td>
<td>3</td>
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</table>

Minimum Semester GPA:
Section 3 - Required

Directions: To be completed by the student’s Academic Advisor.

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 that are not listed in Section 2 of this form.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

______________________________
Academic Advisor Signature

______________________________
Date

______________________________
Advisor Name (Print)

______________________________
College / Major

______________________________
Advisor Phone

______________________________
Advisor E-mail

Section 4 - Required

Directions: To be completed by the student.

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