Section I - Student Information

Name (Please print) ________________________ USD ID Number __________________________

Email Address and Telephone Number

Section II - Type of Appeal
Please check the appropriate category. More than one may apply

_____ GPA If this appeal is based upon your cumulative grade point average, you must address the issue of completing courses with a GPA below 2.0.

_____ Ratio If this appeal is because your ratio of hours attempted to hours passed is less than the 67% required, you must address enrolling in courses and receiving a Withdrawal/s (Ws); Incompletes (Is); and/or F grades which have negatively affected your completion ratio.

_____ Time frame If this appeal is based on exceeding the specified total of attempted credit hours for the completion of your degree plan, you must address the need to enroll in a greater number of credit hours than is normally associated with the completion of the degree requirements. Please indicate if you have recently changed majors.

Section III – Explanation of Past Performance and Academic Plan

Step 1: Provide a signed and dated Appeal Letter describing the circumstances that prevented you from meeting the Satisfactory Academic Progress (SAP) standards. Be specific. Lack of information or documentation may result in a delay or a denial of your appeal. Some examples of reasons for failing to meet the requirements may include, but are not limited to:

- Serious illness (physical or mental) for which you needed to withdraw from all classes in order to recover, or remained enrolled at the university and did poorly in your classes.
- Death or serious illness or injury to an immediate family member.
- An injury which prevented you from attending classes and completing academic requirements.
- Victim of a violent crime or natural disaster.

If problems in your physical or mental health have played a role in your circumstances, you must attach supporting documentation from a doctor, counselor, or hospital.

Step 2: Provide a completed Satisfactory Academic Progress Academic Plan Form, signed by your professor or academic advisor, outlining future steps you will take to ensure Satisfactory Academic Progress. The appeal will not be reviewed without this documentation.

The SAP appeal and supporting documentation are confidential information and will not be released to any other department or office on campus. It is assumed that each student who appeals is dependent on financial aid for the completion of his/her degree; therefore, you do not need to provide information regarding your financial need in your appeal.

______________________________ __________________________
Name (Please print) USD ID Number
Section IV – Conditions of Appeal

Please read and initial each Condition of Appeal listed below (do not check off or “X”). Your initials and signature on this form indicate that you understand the Conditions of your Appeal and that all information reported on this form and any attachments are true complete and accurate.

_______ I understand that if my appeal for reinstatement is APPROVED, I will be placed on Financial Aid Probation.

_______ I understand that while on Financial Aid Probation, I will be REQUIRED to follow my approved Academic Plan which I am submitting with my appeal.

_______ I understand that failure to follow my approved Academic Plan will result in denial of financial aid.

_______ I understand that if I am placed on financial aid probation and do not meet the minimum academic progress requirements, I will be denied financial aid.

_______ I understand that I am permitted to submit a Satisfactory Academic Progress appeal only once in regards to a change of major.

_______ I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed and student disciplinary action may be taken.

_______ I understand that Academic Probation and Satisfactory Academic Progress for financial aid are two separate processes.

_________________________________________       ____________________________
Student Signature       Date

This completed and signed form, the student’s Appeal Letter, and a completed Academic Plan Form must be submitted to:

Office of Financial Aid
University of San Diego
Hughes Administration Bldg., Room 319
5998 Alcala Park
San Diego, CA 92110
(619) 260-2700

For Office Use Only:

___________ Incomplete Appeal       __________Complete Appeal

______ Appeal Approved

______ Appeal Approved With Stipulation/s:

___________________________________________________________________________________________

_________________________________________       ____________________________
Director of Financial Aid       Date
Office of Financial Aid  
Satisfactory Academic Progress - Academic Plan

Instructions: A student who is appealing to the USD Office of Financial Aid for a Probation Semester as a result of not meeting the requirements of Satisfactory Academic Progress must have this form completed and signed by an Academic Advisor. The completed/signed form must be submitted with the Satisfactory Academic Progress Appeal Form and the student’s Appeal Letter to the USD Office of Financial Aid, Hughes Administration Center 319.

Name of Student: _________________________________________ USD ID#________________ (Please Print Clearly)

To be completed by Student’s Academic Advisor

The purpose of the Academic Plan is to resolve deficiencies. It should include steps to be taken to achieve a minimum 2.0 Grade Point Average and progress toward degree completion within the required timeframe.

List of courses to be completed for the academic term (check one and write the year):

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<th>Summer 20 (yr)</th>
<th>Fall 20 (yr)</th>
<th>Spring 20 (yr)</th>
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<td>Academic Courses</td>
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<td>Grade Point Goal</td>
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Academic Advisor’s Signature: _______________________________ Date: ________________

Printed Name: _______________________________ Title: _______________________________

Important – The student must read and sign Page 2 of this form
To be completed by the student

If my appeal is approved, I understand I will be on Satisfactory Academic Progress Probation for the term checked on Page 1 of this Academic Plan.

I must meet the terms of this Academic Plan as required by federal regulations for students receiving federal and/or state financial aid.

I have read the University of San Diego Satisfactory Academic Progress Policy and am aware of my responsibilities.

Student’s Signature: ________________________________ Date: ________________