



Office of Financial Aid Satisfactory Academic Progress Appeal Form

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 Alcalá 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

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: _____