Satisfactory Academic Progress Appeal Questionnaire

Office of Financial Aid • University of Michigan • 2500 Student Activities Bldg. • 515 E. Jefferson St. • Ann Arbor, MI 48109-1316
Tel: (734) 763-6600 • Fax: (734) 647-3081 • Email: financial.aid@umich.edu • Web: www.finaid.umich.edu

Student Name: _____
PLEASE PRINT

UMID Number: _____ Email Address: _____

DIRECTIONS:

- Complete all items on page 1.
- If you check #3 below, your academic advisor(s) must complete all items on page 2.
- Attach appropriate documentation and return to the Office of Financial Aid.

I was unable to maintain Satisfactory Academic Progress during the previous academic period because (please check one of the following circumstances):

☐ 1. **I experienced a death or major illness within my immediate family.**
☐ 2. **I experienced a personal illness or injury.**
☐ 3. **Other special circumstance**
☐ 4. **Withdrawal from all classes in a term**

Please explain the specific circumstances that prevented you from making Satisfactory Academic Progress during the previous academic year. You may attach as many additional pages as needed to fully explain your individual circumstance(s). Personal statements that do not provide sufficient information to fully explain your situation may cause your appeal to be denied. Documentation of your individual situation must also be provided.

_____
_____
_____
_____
_____
_____
_____
_____

Please explain what has now changed and/or how you will address the circumstance(s) described above so that you can successfully complete your academic program. You may attach any additional pages or provide additional documentation, as needed.

_____
_____
_____
_____
_____
_____
_____
_____

If you indicated that you experienced "Other Special Circumstances" on page 1, you must meet with your academic advisor(s). He or she must complete the information below and sign the form before your appeal can be considered.

Advisor(s):

Please complete the following information as it pertains to your student.

Student's current number of academic credits toward program (CTP): _____

Student's Michigan Honor Points (MHP) deficit:_____

Student's cumulative grade point average (GPA): _____

Please describe **the academic recovery plan** needed to bring the student into financial aid Satisfactory Academic Progress (SAP) eligibility (i.e., GPA that will meet graduation requirements and a minimum completion rate of 75% of attempted coursework). Be as specific as possible, and include any required or restricted courses and any restrictions on full-time enrollment:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

By signing below, I certify that, if the student follows the plan described above, it is mathematically possible for the student to graduate from his or her program within _____ semesters of study. *(Note: For any student with a sophomore or above academic standing, all applicable advisors must sign off on the above plan.)*

_____	_____
CONCENTRATION ADVISOR SIGNATURE / ADVISING UNIT	GENERAL ADVISOR SIGNATURE
_____	_____
CONCENTRATION ADVISOR'S NAME – PLEASE PRINT	GENERAL ADVISOR'S NAME – PLEASE PRINT
_____ _____	_____ _____
DATE PHONE NUMBER	DATE PHONE NUMBER

o:pagemaker/cpa/SAPpeal.indd 041012