



Satisfactory Academic Progress (SAP) Appeal Form

Name: _____ UIU ID: _____ DATE: _____

Program Level: Undergraduate Graduate

You may use this form to request a reevaluation of your SAP Suspension based on insufficient progress toward a degree. Please keep in mind the SAP Appeal Committee will review your appeal after your ineligibility status is official.

REASON OF UNSATISFACTORY PROGRESS DUE TO LOW GPA OR COMPLETION RATE

Extenuating Medical Circumstances – Provide a detailed explanation below as to why SAP Suspension has occurred and what has changed that will enable you to successfully meet SAP. Have your health care professional complete and sign a document stating that you are able to return to class and when you were treated.

Extenuating Personal Circumstances – Provide a detailed explanation below as to why SAP Suspension has occurred, what has changed that will enable you to successfully meet SAP and provide supporting documentation.

Death in the immediate family – Please attach a photocopy of the death certificate or copy of obituary with a detailed explanation (below or separate document).

REASON OF UNSATISFACTORY PROGRESS DUE TO MAXIMUM TIME FRAME

Provide a detailed explanation below regarding your circumstances and Include a copy of your program evaluation. You must include your anticipated completion date/session.

Explain the specific reasons/issues/circumstances that adversely impacted your academic performance. Please include specific timeframes of incidents.



Academic Plan

This document is to be completed and signed by the academic advisor. Please discuss with the student his or her academic performance and goals in regard to SAP. SAP standards are published at www.uiu.edu/about/policies-reports.

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SAP Suspension is based on the following measure(s). Check all that apply:

Qualitative (GPA)
 Quantitative (PACE)
 Maximum Time Frame

As long as the student meets all SAP requirements in the following semester, the student’s eligibility will be reinstated. If SAP Suspension was based on the maximum time frame measure, the student must complete all credits required for degree completion by the end of the last semester of the academic plan.

ACADEMIC ADVISOR – PLEASE INCLUDE A COPY OF THE STUDENT’S TRANSCRIPT

MINIMUM CREDIT AND GPA REQUIREMENTS				
	Semester 1	Semester 2	Semester 3	Semester 4
Semester:	Fall Spring Summer	Fall Spring Summer	Fall Spring Summer	Fall Spring Summer
Total number of credits being taken/number repeated:				
	/	/	/	/
Notes: (i.e. repeated course numbers)				
Minimum <u>semester</u> GPA:				
Cumulative GPA at end of Semester:				
Completion percentage at end of Semester:				

Academic Advisor Approval: _____
(Print Name, Title and Phone Number)

Academic Advisor Approval Signature: _____

Student:

I understand that if this appeal is approved and I fail to meet the requirements of my academic plan during the next semester, my financial aid will be permanently suspended for future semesters or until I meet the SAP requirements as indicated on Upper Iowa University’s SAP Policy. If this appeal is denied, I understand that I am responsible for all charges.

Student Signature: _____ Date: _____