



## Satisfactory Academic Progress Appeal

Student Name: _____ (Last, First, MI)	Student ID: _____
Please Review the Satisfactory Academic Progress (SAP) Policy and Appeal Process outlined at <a href="https://www.uttyler.edu/financialaid/finaidappolicy.php">https://www.uttyler.edu/financialaid/finaidappolicy.php</a> to determine if you are eligible to appeal for financial aid. If you wish to be considered for reinstatement of financial aid <b>you must submit this form, your written appeal letter, any supporting documentation, and a signed copy of your degree plan</b> in person, by mail, fax or email.	
Have you submitted a SAP appeal before? <input type="radio"/> No <input type="radio"/> Yes For what semester are you requesting an appeal: <input type="radio"/> Fall _____ <input type="radio"/> Spring _____ <input type="radio"/> Summer _____	
What degree are you working toward (indicate only one): <input type="radio"/> First Undergraduate <input type="radio"/> Second Undergraduate <input type="radio"/> Teacher Certification <input type="radio"/> Graduate or Pharmacy	
<b>Nature of Appeal:</b> Indicate which situation best describes the causes of your academic difficulty: <ul style="list-style-type: none"><li><input type="checkbox"/> Medical: If a personal medical problem contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you received advice or treatment.</li><li><input type="checkbox"/> Death/Illness: If the death or illness of an immediate family member contributed to your lack of academic progress, please attach appropriate copies of medical records, or a death certificate.</li><li><input type="checkbox"/> Military Service: If you have withdrawn due to military service, provide documentation.</li><li><input type="checkbox"/> Second Undergraduate Degree: If you have attempted more than 180 hours due to working on a second degree, provide a personal letter explaining when you will graduate with your second degree.</li><li><input type="checkbox"/> Other Circumstances: Please clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation.</li></ul> <p><b>Note: Circumstances related to the typical adjustments to college life such as working while attending school, financial issues related to paying bills and car maintenance/travel to campus, are NOT considered extenuating for the purpose of appealing the suspension of financial aid.</b></p>	
<b>Student Acknowledgments of Appeal Results (Read and Initial)</b> _____ If my appeal is <b>DENIED</b> , I understand that decisions are processed on a case-by-case basis and the committee may deny any SAP appeal. I also understand that the decision of the appeal committee is final. _____ If my appeal is <b>APPROVED</b> , I recognize that I will be at a probationary status <b>AND</b> am expected to make academic progress as detailed in the appeal acknowledgement form within the term for which the appeal has been approved.	
<b>By Submitting this document I understand that if I do not meet these requirements I will be ineligible to receive financial aid and will be responsible for payment toward my student bill until I meet the satisfactory academic progress standards.</b>	
<b>Certification and Signature</b> I certify that all information reported on this form and in my supporting documentation is complete and correct. Student's Signature: _____ Date: _____	
<b>For Use By university officials only.</b> Please verify that all required components of the application for appeal are included. <input type="checkbox"/> Letter Concerning Nature of Appeal <input type="checkbox"/> Signed Degree Plan <input type="checkbox"/> Supporting Documentation      Checked By _____	

**Office of Financial Aid**  
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