



## Satisfactory Academic Progress (SAP) Appeal – Academic Advisor Questionnaire

### Student Information

Name (Last, First, MI) \_\_\_\_\_ Student ID: W \_\_\_\_\_

Phone: \_\_\_\_\_ Degree Major: \_\_\_\_\_

Reason for suspension: (check all that apply) ☐ GPA ☐ Completion Rate ☐ Maximum Hours

Have you previously submitted a SAP appeal? ☐ Yes ☐ No

Select the term and specify year for which you are requesting the appeal be considered:

☐ Fall 20\_\_\_\_ ☐ Spring 20\_\_\_\_ ☐ Summer 20\_\_\_\_

### Advisor Contact Information

Advisor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ University Email: \_\_\_\_\_

### Student Academic Information

The student is currently ineligible to receive financial aid for failure to meet Satisfactory Academic Progress (SAP) standards. The following three components are used in determining financial aid SAP eligibility:

1. Minimum cumulative GPA: 2.00 for undergraduate students, 3.00 for graduate students
2. 67% completion rate on all attempted courses (institutional and transfer)
3. Total hours attempted cannot exceed 150% of degree program requirements

The Information you provide on this form will serve a vital role in our decision-making process. The student will submit this completed form as part of their SAP Appeal. Completing and signing this form is not considered a recommendation for approving or denying the students SAP appeal.

Has the student been provided with advising regarding the successful completion of degree requirements? Yes No

Is the student in good academic standing with the academic department (i.e. suspension, probation, etc.)? Yes No

If not, please provide the academic department's conditions/expectations of the student. Attach a copy of the students signed suspension contract, if applicable.

Is the student allowed to continue enrollment for the upcoming term? Yes No

Please list the student's semesters remaining until graduation and their expected enrollment in each semester:

	Semester/Year (EX: Fall 2014)	Expected Enrollment (SCH)		Semester/Year (EX: Fall 2014)	Expected Enrollment (SCH)		Semester/Year (EX: Fall 2014)	Expected Enrollment (SCH)
1			5			9		
2			6			10		
3			7			11		
4			8			12		

Total Hours Remaining Until Degree Completion: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **University ID:** \_\_\_\_\_

Please describe your recommendations to the student in regards to academic improvement. *This information will be used in the Satisfactory Academic Progress meeting to determine how soon the student may meet the minimum requirements of financial aid eligibility.*

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Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_