

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

BY MAIL TO:

UMD Office of Financial Aid and Scholarships
1049 University Drive
Duluth MN 55812

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu)**. Forms can be sent to umdhelphelp@d.umn.edu.

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

SATISFACTORY ACADEMIC PROGRESS APPEAL

Directions - You may appeal your financial aid satisfactory academic progress (SAP) status if unusual circumstances interfered with your ability to meet SAP standards. Examples of unusual circumstances include, but are not limited to, divorce, serious injury or illness, personal issues, death of a family member, documented disability, reinstatement after academic suspension, or a return to school after an extended period of absence.

To file an appeal:

- Complete Sections A, B, and C of this form.
- Gather supporting documentation.
- Meet with an academic advisor in your college's Advising and Academic Services Office to develop an academic plan that will result in you meeting SAP standards. Attach a copy of your plan to this appeal. Your advisor must complete Section D. **See table on right for UNDERGRADUATE college Advising and Academic Services Offices. If you are a GRADUATE student, meet with your assigned academic advisor.**
- **Sign Section E of this form.**
- Submit the completed form, **with the required documentation, academic plan, and signatures.**

Within 15 business days after your appeal is received, you will be notified by email as to whether your appeal was approved or denied. If your appeal can not be completed within 15 business days, you will receive an email with more information.

It is in your best interest to submit an appeal as soon as you receive your suspension notice. If your appeal is not received by the end of the third week of the term in which you have suspension status, your financial aid awards will be canceled and their funds will be returned to their programs and awarded to other eligible financial aid recipients. In that case, if your appeal is granted, your aid will be reinstated based on funds available at the time. Appeals should be submitted no later than 30 days prior to the end of the term. A SAP appeal submitted after that point may not be considered for review, due to financial aid process deadlines.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

RETURN FORM:

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Duluth MN 55812

IN PERSON ON CAMPUS TO:

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23 Solon Campus Center

QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired): 800-627-3529
Email: umdhelp@d.umn.edu

Undergraduate College Advising and Academic Services	
LSBE	LSBE 111A
CEHSP	BohH 120
CAHSS	MonH 120
SCSE	MonH 107

SECTION A. Student information		
Last name—type or print neatly in ink	First	Middle
Student ID number	U of M e-mail @d.umn.edu	Phone (include area code)
Reason for financial aid SAP suspension: <input type="checkbox"/> GPA <input type="checkbox"/> Credit completion ratio <input type="checkbox"/> Maximum time frame exceeded <input type="checkbox"/> Readmission after collegiate suspension		
For which term are you appealing? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____		

SECTION B. Explain your unusual circumstances
<p>You must attach appropriate supporting documentation to this form according to these guidelines:</p> <ul style="list-style-type: none"> • If a family member or significant person in your life has died, please attach a copy of the obituary or death certificate. • If you, a family member, or a significant person in your life has had a serious illness, accident, or injury, please attach a statement from a doctor or other professional third party, and/or a police report, and/or a hospital bill. • If you or your parent has had a divorce, please attach a copy of a letter from an attorney or the divorce decree. • If you have experienced personal problems or issues with your spouse, family, or roommate, please attach a statement from a doctor, counselor, lawyer, or other professional third party. • If you have reduced your work schedule to allow for more time in which to study, please provide a letter from your employer. <p>Be specific in describing the factors that caused you to fail to meet SAP standards. Attach supporting documents and any additional pages (if necessary to complete your statement).</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>



SECTION C. Explain what has changed that will allow you to meet SAP standards

Be specific in describing the actions you will take to improve your performance. Attach additional pages if necessary.

SECTION D. Advisor's statement and academic plan

Advisor: The University of Minnesota Duluth Satisfactory Academic Progress standard requires:

Undergraduate & Pharmacy Students	Master's Students	Doctoral Students
a minimum cumulative GPA of 2.0	a minimum cumulative GPA of 2.8	a minimum cumulative GPA of 3.0
successful completion of 67% of courses	successful completion of 67% of courses	successful completion of 67% of courses
and attempts at no more than 150% of the total credit hours for a degree		must complete Ph.D. within 8 years of being admitted to your doctoral program

Please review with the student the reason for SAP suspension (see section A), then work with the student to develop an academic plan that, if successfully followed, will result in the student attaining the required standard. This section must be completed for this appeal to be processed.

Step 1 What tool did you use to develop the academic plan for the student? **Attach a copy of the plan to this appeal.**

Graduation Planner APAS Other _____

Step 2 Is the student filing a GPA appeal? Yes No

If yes, do you anticipate that the student can reasonably attain the required GPA in one term? Yes No

If no, indicate by what term the student could reasonably be expected to attain minimum GPA standards and what GPA will be required each term to meet standards by that time.

fall 20__ spring 20__ May/summer 20__ Average GPA needed each term: _____

Step 3 Is the student filing a credit completion ratio appeal? Yes No

If yes, the student will be required to complete 100% of coursework attempted. Is the student's academic plan for the upcoming term reasonable in terms of semester hours and class difficulty? Yes No

Step 4 Is the student filing a maximum time frame appeal? Yes No

If yes, Section F must be completed.

Step 5 Please provide the following information regarding the student's appeal.

Please add comments, indicate any concerns you have about plan viability, and recommend any action to assist the student with academic success (e.g., referrals, reduced work hours, or different classes).

Advisor	Title	
Department/College	U of M e-mail @d.umn.edu	Phone
Advisor Signature	Date	

SECTION E. Student Certification

I understand I must successfully complete the academic plan developed and agreed upon with my advisor to remain eligible for financial aid.

▶ Student signature	Date
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SECTION F. This section is only for students appealing Timeframe Suspension

Student name	Student ID number
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Financial aid will pay for only the course(s) needed to complete your degree.

Anticipated graduation term Fall Spring Summer Year_____

Major(s)	Minor(s)
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List the course(s) you need to take to complete your degree. Specify the term and year in which you will complete them. Mark if they're required to complete your degree.

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____
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Subject & course number (e.g., Math 1000)	# of credits	required? (Y/N)	Subject & course number (e.g., Math 1000)	# of credits	required? (Y/N)
Total credits			Total credits		

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____
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Subject & course number (e.g., Math 1000)	# of credits	required? (Y/N)	Subject & course number (e.g., Math 1000)	# of credits	required? (Y/N)
Total credits			Total credits		

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____
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Subject & course number (e.g., Math 1000)	# of credits	required? (Y/N)	Subject & course number (e.g., Math 1000)	# of credits	required? (Y/N)
Total credits			Total credits		

To request copies of this form in an alternative format: 218-726-8000.
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