## Satisfactory Academic Progress Appeal Form: Graduate Students

This form serves as an appeal for reinstatement of my federal/state financial aid. I understand that I have not met the Satisfactory Academic Progress standards at Southern CT State University during my last enrollment period, and I would like to appeal due to personal mitigating/extraordinary circumstances. I will check my university email for correspondence regarding this appeal. I also understand that I am not eligible for financial aid unless I receive approval of this request for reinstatement of financial aid.

Notifications will be sent via	a your official university email address (@s	<u>southernct.edu)</u>
Through this appeal, I am se	eeking reinstatement of aid for the	2019 semester.
Last Name	First Name	
Student ID	Phone Number	
Southern E-Mail Address		_
Have you submitted a previ	ous SAP appeal to SCSU?	

In addition to this form, you are required to provide the following information in a typed document:

\_\_\_ No

- Describe legitimate circumstances that prevented you from meeting SAP standards (i.e.: medical emergencies, long term illness, death in the family, or other extenuating situations, and the ways in which this unavoidable circumstance prevented you from fulfilling your academic responsibilities). Include a statement indicating the standard(s) that are not currently met.
- 2) Attach supporting documentation or evidence of your circumstances (i.e.: letter from physician, hospital documentation, etc.). This documentation is required.
- 3) Outline actions you intend to take to improve your academic performance and how you plan to make up credits and/or increase your GPA. Please attach documentation (i.e.: schedule of summer classes, tutoring, change of major, academic plan, letter from academic advisor, etc.)

My signature below indicates that all of the information and documentation provided pertaining to this appeal is true and complete to the best of my knowledge. <u>I understand that if any of the required</u> <u>information and documents are not included at time of submission, review of my appeal will be delayed.</u> Further, I authorize the School of Graduate Studies to access my academic and financial records for review of this SAP appeal. I understand that if my appeal is approved that I must remain a matriculated student for the semester in which financial aid is granted.

Signature of Applicant

\_\_\_\_ Yes, in \_\_\_\_\_ (semester/year)

Date

Please return this completed form electronically with supporting documentation to <u>SAP-Grad@southernct.edu</u>

## Graduate Students Satisfactory Academic Progress Academic Plan

Federal Regulations require Southern Connecticut State University to establish, publish and apply standards of Satisfactory Academic Progress (SAP) for financial aid eligibility. In order to comply with Federal Regulations, this Academic Plan must be utilized when it has been determined that a student who is appealing their SAP status will take longer than one semester (payment period) to meet progress standards. The SAP Committee may also develop an Academic Plan with a student on a case-by-case basis.

As a student seeking an appeal, I understand that if an appeal is granted that I am required to do the following:

- 1. I will earn a minimum Grade Point Average in correlation to the number of attempted credits.
- 2. I will not withdraw from courses listed on this academic plan.
- 3. I will receive a grade of B or better for each course I take. I understand that incompletes are not allowed.
- 4. I will enroll in no more courses than what is recommended in this academic plan.
- 5. I will adhere to any additional requirements that is recommended in this academic plan as listed below.

Semester:	Credits:	Semester:	Credits:

To be completed by an Academic Advisor (check and complete any and all that apply):

□ It is recommended that the student only take \_\_\_\_\_ number of credits per semester.

□ The student will meet with me at least \_\_\_\_\_\_ times during the semester. Documentation of meetings will be noted in the student's file and will be shared with the SAP Committee to determine if the student is complying with this requirement.

The student will seek tutoring for the following courses: \_\_\_\_\_\_

Other: \_\_\_\_\_

I understand that if my appeal is approved, I will adhere to the above academic plan. I understand that failure to follow this academic plan will result in cancellation of financial aid from Southern CT State University for the next semester. After the semester has ended, I understand that my transcript will be reviewed to determine if I have fulfilled the terms of this academic plan to determine whether I may continue to receive financial aid.

Student Signature	Printed Name	Date
Academic Advisor	Printed Name	Date
Office Use: It has been determined th	at following this academic plan wi	ill allow the student to meet Satisfactory
Academic Progress after the	, 20 semester. SC	CSU Representative Initials: