

UNIVERSITY OF MINNESOTA DULUTH  
**Satisfactory Academic Progress (SAP) Appeal**

You may appeal your financial aid satisfactory academic progress (SAP) status if *unusual circumstances* interfered with your ability to meet UMD's SAP standards ([http://www.d.umn.edu/fareg/SAP\\_index.htm](http://www.d.umn.edu/fareg/SAP_index.htm)). Your best interest is served by submitting an appeal as soon as you receive your suspension notice. If you have not submitted an appeal by the end of the second week of the term (census date), your financial aid award(s) will be cancelled, funds returned to their programs and awarded to other eligible financial aid recipients. If your appeal is granted, your awards will be reinstated, *based on availability of funds at that time*; your original award(s) may be reduced or lost. The deadline for appeals is two weeks before the end of the term for which you are appealing. Within 10 business days after your appeal is received, you will be notified, via your UMD email account, on whether your appeal was granted or denied. If you did not file a Free Application for Federal Student Aid (FAFSA), your appeal will automatically be denied.

**Return this form on campus to:**  
 One Stop Student Services  
 23 Solon Campus Center

**or mail it to:**  
 Office of Financial Aid and Registrar  
 University of Minnesota Duluth  
 1049 University Drive  
 Duluth MN 55812-3011

**E-mail:** umdhelp@d.umn.edu  
**Phone:** 218-726-8000  
**Fax:** 218-726-6144

**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.**

<b>SECTION A. Student information.</b>		
Last name—type or print neatly in ink	First	Middle
Student ID number	U of M email @d.umn.edu	Phone number
Academic program: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Ph.D. <input type="checkbox"/> Ed.D.		
Are you seeking a second undergraduate degree? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," complete the <i>Petition to Reinstate Financial Aid Eligibility</i> found at <a href="http://www.d.umn.edu/fareg/forms.htm">http://www.d.umn.edu/fareg/forms.htm</a> instead of this form.)		
<b>Check all of the reasons below that apply to your situation.</b>		
<input type="checkbox"/> GPA <input type="checkbox"/> Credit completion <input type="checkbox"/> Timeframe <input type="checkbox"/> Successfully completed the probation term but did not attain overall SAP standards. <input type="checkbox"/> Readmitted to collegiate unit <input type="checkbox"/> Other (please explain) _____		
What term are you appealing for? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____		
<b>SECTION B. Student, please explain why you were unable to meet standards. Appeals without supporting documentation will be denied.</b>		
<b>You must attach appropriate supporting documentation to this form according to these guidelines:</b>		
<ul style="list-style-type: none"> <li>• If a family member or significant person in your life has died, please attach a copy of the obituary or death certificate.</li> <li>• If you, a family member, or 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 hospital bill.</li> <li>• If you or your parent has had a divorce, please attach a copy of a letter from attorney or the divorce decree.</li> <li>• 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.</li> <li>• If you have reduced your work schedule, provide a letter from your employer.</li> </ul>		
Be specific in describing the factors that caused your academic difficulties. Attach supporting documents and any additional pages (if necessary to complete your statement).		
Please continue to page 2		



To request copies of this form in an alternative format: 218-726-8000.  
 UMD is an equal opportunity employer and educator.

[http://www.d.umn.edu/fareg/forms/SAP\\_appeal.pdf](http://www.d.umn.edu/fareg/forms/SAP_appeal.pdf)

02/24/2012

**SECTION C. Student, please explain what has changed that will allow you to meet standards.**

Empty space for student response to Section C.

**SECTION D. Student certification**

I certify that all information provided is true and correct to the best of my knowledge. I understand that submitting this appeal is not a guarantee that my aid eligibility will be reinstated. I understand that I am responsible for all my debts incurred at the University regardless of my academic status.

Student signature	Student ID number	Date
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**SECTION E. Adviser's statement and academic plan**

**Please provide your input to this student's satisfactory academic progress status appeal. Before completing this section, review the student's Degree Plan, with the student, using one of the tools listed below. The intent is to make sure the student is aware of the degree requirements and that the student is on track towards a major.**

What Degree Plan did you use for the task?  Graduation Planner  APAS  Other \_\_\_\_\_

Student's degree program	Projected graduation date	Number of credits remaining to complete program
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**Please review, with the student, the standards the student is not meeting, and work with the student to develop an academic plan (which differs from the student's Degree Plan) that**

- will reasonably ensure the student is able to meet all standards by a specific point in time (**indicate term**) \_\_\_\_\_,
- is reasonable in terms of semester hours and class difficulty, and
- will keep the student on track to meet graduation requirements and ensure timely completion of the degree.

**You must attach the academic plan to this appeal.**

Please add any comments and/or recommendations for student to assist with his/her future academic success, such as referrals, reduced work hours, or different classes:

Empty space for adviser comments and recommendations.

Name of adviser (please print)	
Title	University email address
College/Department	Phone
Adviser's signature	Date

**SECTION F. This section is only for students appealing Timeframe Suspension.**

Student name

Student ID number

**Financial aid will only pay for course(s) needed to complete your degree.**

Anticipated graduation term  Fall  Spring  Summer Year \_\_\_\_\_

Major(s)

Minor(s)

List the course(s) you need to take including number of credits. Indicate whether or not each course is required to complete your degree. Specify the term and year in which you will complete them.

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 201____			<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 201____		
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 201____			<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 201____		
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 201____			<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 201____		
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		