



University of Arkansas at Pine Bluff  
 Student Financial Services Office  
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# SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

## PURPOSE

In order to comply with federal regulations, the UAPB Student Financial Services Office is required to monitor whether students are maintaining Satisfactory Academic Progress (SAP) toward the completion of their educational degree plan. This pertains to any student whether or not they have ever applied for or received federal financial aid for previous college enrollment. If your current SAP status is **Unsatisfactory**, you have not met the UAPB Student Financial Service's Satisfactory Academic Progress Policy standards, and you are not eligible to receive federal financial aid. You may submit this completed appeal form for consideration of reinstatement of financial aid based on certain circumstances. You should be notified by the Financial Aid Appeals Committee via **your UAPB email account within two weeks after submission**. The appeal decision will be based on the strength of your appeal statement, documents received and your academic record. **If your appeal is denied, the decision is Final**; as such, you will need to make approved satisfactory payment arrangements with the UAPB Student Financial Services Office to pay your charges. **If your appeal is approved, your financial aid will be reinstated and you will be placed on probation**. At the end of the probationary period you must be making Satisfactory Academic Process to remain eligible for financial aid. **\*\*\*Filing an appeal does not guarantee financial aid reinstatement and you are responsible for any charges during period(s) of ineligibility\*\*\*.**

**ALL APPEALS MUST BE SUBMITTED NO LATER THAN THE 5<sup>TH</sup> DAY OF CLASS AND MUST BE COMPLETE. INCOMPLETE FORMS WILL NOT BE REVIEWED AND WILL BE DENIED UNLESS PROPER DOCUMENTATION IS SUBMITTED. APPEALS RECEIVED AFTER THE DEADLINE DATE WILL BE CONSIDERED FOR THE NEXT SEMESTER.**

### A. STUDENT INFORMATION

Date	Student Name	UAPB Student ID
Contact Number (Include Area Code)		UAPB Email Address

### B. FINANCIAL AID APPEAL FOR EXTENUATING CIRCUMSTANCES-

Students who have not met all SAP policy standards and experienced extenuating circumstances (e.g., illness, death of an immediate family member, medical/emotional disability which affected their ability to meet the standards may submit an appeal to the UAPB Student Financial Services Office. Appeals should be supported with relevant documentation.

**THE FOLLOWING INFORMATION CAN BE FOUND ON THE EMAIL NOTIFICATION YOU RECEIVED ABOUT YOUR SAP STATUS.**

I did not meet UAPB's minimum grade point average definition. My current GPA is: <input style="width: 50px;" type="text"/>	Indicate the semester for which you are requesting financial aid. <input style="width: 50px;" type="text"/>
I did not meet UAPB's definition of Pace or successful completion of course work attempted. My Pace % is: <input style="width: 50px;" type="text"/>	Have you had a previous appeal? <input type="radio"/> NO <input type="radio"/> YES (If Yes, what semester/yr.)
I have exceeded the maximum credit hour limit (180 hours attempted- Undergraduate; 54 hours- Graduate). My total number of hours attempted is: <input style="width: 100px;" type="text"/>	

**Choose ONE of the following options that best describes your basis for an appeal, attach the required documentation, and complete Parts C, & D before submitting. Lack of knowledge of the financial aid SAP standards is NOT acceptable grounds for an appeal.**

EXTENUATING CIRCUMSTANCES	REQUIRED DOCUMENTATION (Please attach)
<input type="radio"/> <b>Personal Injury/ Illness/ Physical Disability/ Victim of a Crime</b>	<ul style="list-style-type: none"> <li>Student statement detailing circumstances impairing performance, what is now different about the situation AND what steps you will take to improve your academic performance.</li> <li><b>If victim of a crime:</b> A copy of the police reports of incident in which student was the victim.</li> <li><b>If injury, illness, or physical disability:</b> A statement from the healthcare provider detailing the medical condition that impaired academic performance. The statement should specifically address the following:               <ul style="list-style-type: none"> <li>Student's limiting medical condition and timeframe for which conditions existed.</li> <li>How the condition may have impaired academic performance.</li> <li>The student has rehabilitated to such an extent that the medical condition should not significantly impair future academic performance.</li> </ul> </li> </ul>
<input type="radio"/> <b>Death/ Illness of immediate family member</b> <i>*NOTE*- "Immediate Family" refers to the following persons only: mother/ step-mother, father/ step-father, brother, sister, step-brother/ sister, in-laws including (father, mother, brother, sister, son or daughter), grandparents, spouse, child, step-child.</i>	<ul style="list-style-type: none"> <li>Student statement detailing circumstances impairing performance, what is now different about the situation AND what steps you will take to improve your academic performance.</li> <li><b>If illness of immediate family member:</b> Statement from the attending doctor detailing medical conditions incurred by the family member. Statement should specifically address medical condition and timeframe for which the condition existed.</li> <li><b>If deceased:</b> Copy of obituary or funeral announcement or other evidence of death.</li> </ul>
<input type="radio"/> <b>Separation/ Divorce</b>	<ul style="list-style-type: none"> <li>Student statement detailing circumstances impairing performance, what is now different about the situation AND what steps you will take to improve your academic performance.</li> <li>Copy of separation agreement or divorce decree</li> </ul>
<input type="radio"/> <b>Exceeded the 150% of credit in your program</b>	<ul style="list-style-type: none"> <li>Student statement detailing circumstances impairing performance, what is now different about the situation AND what steps you will take to improve your academic performance.</li> </ul>

**Please Note:** All documentation should include the student's name and relate to the specific period of time during which the student's academic performance failed to meet UAPB's minimum standards for Satisfactory Academic Progress. **All 3<sup>rd</sup> party documents must be on letterhead or an official form (i.e. police reports) and include an official signature.**

You indicated in **Section B** that you experienced an extenuating circumstance that interfered with your ability to meet the required satisfactory academic progress standards. Attach detailed **typed** statements as follows:

- 1. Statement detailing circumstances that prevented you from making Satisfactory Academic Progress AND**
  - 2. Explain in detail what is now different about the situation AND what steps you will take to improve your academic performance.**
- Be as detailed as possible and explain how your documentation supports your circumstances. Appeals without needed documentation may be denied.**

### C. ACADEMIC COURSE OUTLINE- (this section must be completed and signed by your Academic Advisor)

Construct a term by term plan toward completion of your program of study at UAPB (attach additional pages if necessary). Include classes to be taken each term, each course number, and number of credits per course, for courses remaining in your program of study. List first, the term in which you intend to begin this academic plan. **Should your request for an appeal be approved, dropping or withdrawing from any classes listed could adversely affect your SAP status.**

	Course ID	Course Name	# of Credits
_____ Semester			

	Course ID	Course Name	# of Credits
_____ Semester			
_____ Semester	Course ID	Course Name	# of Credits

	Course ID	Course Name	# of Credits
_____ Semester			

Academic Program:	Remaining # of credit hours needed for Program	Est. Graduation Date	
Faculty/Academic Advisor Signature	Ext.	Dept.	Date

**Read before submitting the SAP Appeal Form and ensure you have done the following:**

1. Completed all of Sections A & B (if you have not been enrolled at UAPB this academic year, provide an alternate email address).
2. Submitted any relevant documentation that will support the basis of your appeal.
3. Completed all of Section C including your advisor's signature on the anticipated Academic Plan Course Outline.
4. **Explained in detail what is now different about the situation AND what steps you will take to improve your academic performance.**
5. Signed the form.

**Note: All statements must be typed. Additional information may be requested as needed in order to further process your appeal.**

**Failure to comply with this section may be cause for your appeal to be denied.**

**INCOMPLETE FORMS CAN NOT BE REVIEWED UNTIL ALL INFORMATION IS RECEIVED.**

**D. STUDENT CERTIFICATION**

I certify the information on this Satisfactory Academic Progress Appeal Form, my written statement, and any supporting documentation are accurate, true, and complete to the best of my knowledge. I will provide other information as requested by the UAPB Student Financial Services office. I realize that a final decision may not be made on my Satisfactory Academic Progress Appeal unless all steps above are complete and until I submit any additional information if requested. I understand any false information may be cause for the denial, reduction, and/or repayment of student financial assistance and may subject me to a fine, imprisonment, or both under provisions of the U.S. Criminal Code. **(Please DO NOT sign this form if you have not provided your summary statement and documentation.)**

**Student Signature:**

**UAPB ID:**

**Date:**