



Satisfactory Academic Progress (SAP) Appeal

Last Name _____ First Name _____ MI _____

Date of Birth _____ Student Identification Number (SID) _____

Home Phone Number _____ Work Phone Number _____

Review the Satisfactory Academic Progress (SAP) Policy and Appeal Process outlined at www.financialaid.us.edu to determine if you are eligible to appeal for financial aid. If you wish to be considered for reinstatement of financial aid you must submit this form, your written appeal letter and any supporting documentation in person, by mail, fax or email.

Section I. Student Information

Have you ever submitted a previous SAP appeal? Yes No

List the academic year and semester for which you are requesting an appeal:

Year: _____ Fall Spring Summer

I am working towards the following degree: First Undergraduate Degree Second Undergraduate Degree

Teacher Certificate Graduate or Law Degree

Section II. Reinstatement Request Type

Below please indicate which situation applies to your academic difficulty:

Medical: If a personal medical problem contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you received advice or treatment.

Death/Illness: If the death or illness of an immediate family member contributed to your lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary etc.

Military Service: If you have withdrawn due to military service, provide documentation.

Second Undergraduate Degree: If you have attempted more than 180 hours due to working on a second degree, provide a personal letter explaining when you will graduate with your second degree.

Other Circumstances: Please clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation.

Note: Circumstances related to the typical adjustments to college life such as working while attending school, financial issues related to paying bills and car maintenance/travel to campus, are NOT considered extenuating for the purpose of appealing the suspension of financial aid.

Section III. Student Acknowledgments of Appeal Results (Read and Initial)

_____ If my appeal is **DENIED**, I understand that decisions are processed on a case-by-case basis and the committee may deny any SAP appeal. I also understand that the decision of the appeal committee is final.

_____ If my appeal is **APPROVED**, I recognize that I will be at a probationary status **AND** am expected to make academic progress as detailed in this appeal within the term for which the appeal has been approved including:

- Taking at least 6 hours of classes and earning a minimum GPA of 2.0 for Undergraduate, a 2.0 for law students or a 3.0 for Graduate students during the probationary term.
- Not withdrawing, dropping, or using an incomplete for classes during the probationary term
- Enrolling in hours that are recognized as required courses towards graduation

I understand that if I do not meet these requirements I will be ineligible to receive financial aid and will be responsible for payment toward my student bill until I meet the satisfactory academic progress standards.

Signature: _____ Date: _____

KEEP A COPY FOR YOUR RECORDS

Fax: 972-780-3636 **Email:** financialaid@untdallas.edu **Address:** UNT Dallas-FAO, 7300 University Hills Blvd, Dallas, TX 75241