



SAP Checklist

Appeal must include:

- Appeal form
- Personal statement
- Supporting documentation **anything supporting what is being stated in the personal statement*
- Academic plan
- Letter/Statement from Academic Advisor **only for appeals pertaining to max time*

An appeal is considered incomplete with all of the above documentation and will not be submitted to the committee for review.



Satisfactory Academic Progress (SAP) Appeal

Last Name _____ First Name _____ Last 4 digits of SSN _____
Date of Birth _____ Student Identification Number (SID) _____
Phone Number _____ Email _____

Review the Satisfactory Academic Progress (SAP) Policy and Appeal Process outlined at <https://www.untDallas.edu/finaid/forms/sap> 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 statement, supporting statement from your Academic Advisor, an academic plan, and any supporting documentation** in person, by mail, fax, or email. **All appeals must be submitted no later than 2 weeks prior to the end of term that you are requesting the appeal. Incomplete appeals will not be accepted.** *NOTICE* You will be notified of your appeal decision approximately 10 business days after your appeal has been submitted.

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

Which SAP requirement are you requesting an appeal (select all that apply): GPA Percent Completion Maximum Credit Hours

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Military Service: If you have withdrawn due to military service, provide documentation.

Maximum Credit Hours: If you have attempted more than 180 hours, provide a personal letter and a degree worksheet from your Academic Advisor explaining when you are expected to graduate.

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. I also understand that I am responsible for any outstanding balance that may result from an appeal denial.

_____ 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 term 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

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