

# Satisfactory Academic Progress Appeal

The Higher Education Act of 1965 requires institutions of higher education to establish and apply standards of Satisfactory Academic Progress (SAP) that all students must meet to qualify and remain eligible for assistance from Title IV (Federal) student financial aid programs. Academic history is reviewed for all students applying for financial aid, regardless of whether financial aid has been previously received. At UNF, Satisfactory Academic Progress (SAP) is measured at the end of each term. In order to receive federal financial aid funds, students must meet the following three requirements.

1. *Required completion rates (Pass Rate Rule):* Students must earn 67% of their overall cumulative attempted hours attempted.
2. *Required grade point averages (GPA Rule):* Minimum overall cumulative 2.0 for undergraduates, (2.5 for most Education majors), 3.0 for graduates. GPAs are unrounded. A 2.49 does not equal a 2.5.
3. *Requirement of maximum time frame (Max Hours/150% Rule):* Students must complete their degree program within 150% of the published length of that program.

## How To Complete the Satisfactory Academic Progress Appeal:

**Step 1: Complete all pages of this form.**

**Step 2: Statement of Extenuating Circumstances** — You must attach a **typed and signed** statement describing extenuating circumstances beyond your control (personal illness or injury, emergency, death in the family, etc.) which you believe prevented you from meeting one or more of the UNF requirements of satisfactory academic progress for financial aid.

1. Provide **specific** dates and time periods (i.e. terms or months) of your circumstance(s) or situation.
2. Describe how the circumstance(s) **specifically** affected you, and your academic progress.
3. Indicate **specifically** what has changed in your circumstance(s) that will allow for future academic success.
4. Sign and date your statement. Statements without signatures will not be accepted.

**Step 3: Attach Documentation to Support the Extenuating Circumstances** - Supporting documentation is **required**.

View examples of documentation on the Satisfactory Academic Progress web page,  
[https://www.unf.edu/onestop/finaid/Financial\\_Aid\\_-\\_Satisfactory\\_Academic\\_Progress.aspx](https://www.unf.edu/onestop/finaid/Financial_Aid_-_Satisfactory_Academic_Progress.aspx)

**Step 4:** Contact your academic advising office to schedule an appointment to meet with an advisor.

**Step 5:** Complete section 6 on page 3 of this appeal form prior to meeting with your academic advisor detailing your academic plan of action to ensure academic success in future terms. This form must be reviewed for accuracy and signed by both you and your advisor.

**Step 6:** Submit all forms to One-Stop Student Services.

**Step 7:** Allow ample time for review. Your appeal will be reviewed within 15 business days of the date you submitted **all** required documents. Monitor your [myWings](#) account and UNF e-mail for status updates and the results of the review. Failure to provide sufficient information or documentation will result in delay or denial of your appeal.

**Step 8:** Review the SAP Appeal deadline at [https://www.unf.edu/onestop/finaid/Financial\\_Aid\\_-\\_Important\\_Dates.aspx](https://www.unf.edu/onestop/finaid/Financial_Aid_-_Important_Dates.aspx)

## Student Statement of Understanding:

Please review and initial next to the statement below.

\_\_\_\_\_ I have read this page in its entirety and fully understand all the steps that I must follow and all documents that I must submit in order to have a complete appeal.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed

UNF N# \_\_\_\_\_

**Submit completed documents via:**

**myWings(StudentPortal):** Banner  
Student Self- Service tile> Upload  
Student Documents

**RECOMMENDED**

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## Section I: Student Information

Student Name \_\_\_\_\_ Student ID#: N \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

SAP Level:  Warning  Suspension (Financial aid cannot disburse in Suspension)

SAP Type: (refer to your SAP email and check all that apply)

Pass Rate Rule  GPA Rule  Both Pass Rate and GPA  Max Hours/150% Rule

Please indicate the term you were placed in this SAP status:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  
year year year

## Section II: Statement of Understanding

Read each statement below and initial that you have read and understand it.

1. \_\_\_\_\_ I have read and initialed the first page of this packet.
2. \_\_\_\_\_ I understand that if my appeal is incomplete in any way, processing delays may occur and it is my responsibility to ensure that I submit a complete packet. I understand that, after I submit my complete appeal packet, additional documentation may be requested. I further understand that it is my responsibility to check on the status of my appeal and respond quickly to any requests for additional paperwork.
3. \_\_\_\_\_ I understand that the timeframe for a decision on my appeal is 15 business days. I also understand that if additional documents are requested, the 15 day timeframe will restart once the new documents are submitted.
4. \_\_\_\_\_ I understand that any financial aid that is currently awarded, authorized, or pending for me for the upcoming aid year is contingent upon the approval of my appeal. I further understand that if my appeal is denied, I will no longer be eligible for any aid currently awarded to me and I am immediately liable for any tuition costs associated with coursework that I am enrolled in after the add/drop period has expired.
5. \_\_\_\_\_ I understand that if my appeal is approved, it does not entitle me to financial aid. I understand that I must still meet renewal criteria for grant and scholarship programs that I may have been awarded in prior terms or academic years.
6. \_\_\_\_\_ I understand that if my appeal is denied, I have the right to appeal that decision by submitting an Enrollment Services Appeal in [myWings](#).
7. \_\_\_\_\_ I understand that grades and/or hours taken during a term in which "term forgiveness" has been utilized at UNF must and will be included in all future SAP calculations in accordance with federal regulation.
8. \_\_\_\_\_ I understand that withdrawing from any course(s) during the SAP appeal process may result in the denial of my appeal.

## Section III: List of Attached Documents

Please provide a list of documents you are attaching to this appeal. Remember, supporting documentation is required. Please use pen if you wish to underline important information. **DO NOT USE A HIGHLIGHTER!** Please do not submit photos.

NOTE: Submitted documents will be scanned, then shredded. **DO NOT SUBMIT ORIGINALS** as they will not be returned to you.

1. Typed, signed statement of extenuating circumstances	3.
2. Detailed Plan of Action: to address change in extenuating circumstance	4.

## Section IV: Required Student Signature

I certify that the information given in this appeal is complete and accurate. I understand the completion of this form does not guarantee an approval of my appeal. I understand that to make false or fraudulent statements within this appeal will result in my appeal being denied and a report of my actions being made to the Office of the Inspector General for the U.S. Department of Education. Such fraudulent actions may result in disciplinary action through UNF's Office of Student Conduct and/or applicable penalties for making a false statement pursuant to section 837.06, Florida statutes, governing false official statements.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed

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## Section V: Academic Information

Student's current major(s): \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

Is a minor required for the student's degree program?  Yes  No

Student's current overall cumulative GPA: \_\_\_\_\_

Hours remaining to complete current degree program: \_\_\_\_\_

*Note: if this number, when added to the student's current overall attempted hours, exceeds 150% of the length of their program, a Graduation Contract must also be submitted.*

Has the student already completed a bachelor/master/doctoral degree (circle all that apply)?  Yes  No

How many previously earned credit hours are being **applied** toward the degree that the student is currently seeking?

- Number of UNF credit hours applied towards current degree program (if applicable): \_\_\_\_\_
- Number of transfer credit hours applied towards current degree program (if applicable): \_\_\_\_\_

## Section VI: Academic Plan of Action

Students should complete this section **prior** to meeting with their academic advisor, program director or Dean.

What steps have or will you take in order to ensure your academic success in future terms? Check all that apply and provide specific comments for each resource. Additional pages may be attached if necessary, however, attachments must be **typed** and **signed**.

<i>Advising Office Resources</i>	<i>Other Campus-Based Resources</i>
<input type="checkbox"/> Academic Skills Workshop Type:	<input type="checkbox"/> UNF Counseling Center
<input type="checkbox"/> Tutoring Type:	<input type="checkbox"/> UNF Disability Resource Center
<input type="checkbox"/> Regularly scheduled meetings with advisor Frequency:	<input type="checkbox"/> UNF Women's Center
<input type="checkbox"/> Organized Study Group Frequency:	<input type="checkbox"/> UNF Military & Veterans Resource Center
<input type="checkbox"/> Other (please explain below) Ex: cutting back on work hours or extra-curricular activities, reliable child care or transportation, etc.	<input type="checkbox"/> UNF Health Promotions
	<input type="checkbox"/> UNF LGBT Resource Center

Comments:

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**\*Reminder: As part of your Academic Plan of Action, please be sure to include (in your typed, signed and dated statement) specific details regarding what has changed and/or improved in your extenuating circumstance(s).**

## Section VII: Required Signatures

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Name (Please Print)