

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 Pass Rate (Pace): Students must earn 67% of their cumulative attempted hours.
2. Required Grade Point Average: Minimum overall cumulative 2.0 for undergraduates (2.5 for most Education majors and 2.75 for American Sign Language), 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%): 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, signed and dated** 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

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

Step 5: Prior to meeting with your academic advisor, complete section VI on page 3 of this appeal form: 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. Please note, we are unable to accept electronic signatures.

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 email 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

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):**

Student Resources tile > Student Self-
Service > Upload Student Documents

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Section I: Student Information

Student Name _____

Student ID#: N _____

Email address _____

Phone _____

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

☐ Pass Rate (Pace)

☐ GPA

☐ Both Pace and GPA

☐ Max Hours/150%

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

Section II: Statement of Understanding

Read each statement below and initial that you have read and understood.

1. _____ I have read, initialed and signed 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 quickly respond to any requests for additional paperwork.
3. _____ I understand that the time frame for a decision on my appeal is 15 business days. I also understand that if additional documents are requested, the 15 day time frame will restart once the new documents are submitted.
4. _____ I understand that any currently awarded, authorized or pending financial aid 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 grade or term forgiveness has been utilized at UNF must and will be included in all future SAP calculations in accordance with federal regulations.
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.

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

1. Typed, signed and dated statement of extenuating circumstances	3. _____
2. Detailed Plan of Action to address change in extenuating circumstances	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 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 the student's 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 you taken 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, signed and dated**.

<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:

***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)