

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 semester. 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 Process:

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 standards of satisfactory academic progress for financial aid.

1. Provide **specific** dates and time periods (i.e. semesters 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**.

Documentation may include, but is not limited to, the following:

- An official statement on letterhead with a business card attached signed by a medical or mental health professional, or a credible professional, such as a member of the clergy or other college/university official, of the impact of an illness or emergency on your academic performance for the indicated time period.
- An official statement on letterhead with a business card attached signed by a medical or mental health professional describing dates and services provided, or a copy of the bill for services rendered by a medical or mental health professional which includes dates.
- An objective report of an occurrence, such as a police report, court documents, obituary, insurance damage reports for natural disasters or a copy of the bill for services related to an emergency, etc.
- An official statement on letterhead with business card attached signed by your academic advisor that confirms administrative error, such as a course you were advised to take in an inappropriate sequence, etc.
- If you are submitting an appeal because you are close to or have exceeded the Max Hours/150% Rule, you are required to submit a completed Graduation Contract signed by both you and your academic advisor.

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:

In person: Hicks Hall (Building 53), Suite 1700
Mailing Address: One-Stop Student Services, 1 UNF Drive, Jacksonville, Florida 32224
Fax Number: (904) 620-2414

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.

Student Statement of Understanding:

_____ In the space provided at left, please initial and date: 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 Name: _____ Student ID #: N _____

Received by: _____

Date: _____

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 semesters? 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)