



### **Satisfactory Academic Progress (SAP) Appeal**

Federal and State regulations require the Office of Student Financial Aid monitor Satisfactory Academic Progress (SAP) towards earning a degree for all students receiving financial aid and/or certain waivers and exemptions. UHCL calculates your SAP status each semester to verify that you have met all SAP standards. If you are not maintaining satisfactory academic progress, you may appeal the denial of financial aid or State waivers/exemptions. *Submission of an appeal does not guarantee that financial aid or that waiver eligibility will be granted. You are responsible for any balance owed to UHCL. You must make necessary payment arrangements for any balance owed.*

Student Name: \_\_\_\_\_  
(dark blue or black ink)

UHCL ID#: \_\_\_\_\_

#### **Section 1: Type of Appeal:** Answer all questions in this section.

I am currently not meeting SAP standards because of the following (select all that apply):

- GPA:** If this appeal is based upon your cumulative grade point average, address the issue of completing courses with a grade lower than 2.0 for Undergraduates or 3.0 for Graduates
- Ratio:** If your ratio (hours completed divided by hours attempted) is less than 75%, address any courses in which you received a Withdrawal (W), an Incomplete (I), or a Failing Grade (F)
- Timeframe:** If your appeal is based on exceeding the specified total of attempted credit hours for the completion of your degree plan, address the need to enroll in a greater number of credit hours than is normally associated with the completion of the degree requirements. Please indicate if you are a transfer student or have changed majors recently
- Exceeding 30/45 SCH above the Degree Requirements:** Address why your attempted hours have exceeded the SCH required for the completion of the degree plan in which you are enrolled. (Waivers/Exemptions ONLY)
- Previous Approved Appeal Requirements Not Met:** Address why you failed to meet the terms outlined in your previous SAP Appeal and Academic Plan.

#### **Section 2: Reason for Appeal:** Answer all questions in this section.

A. Indicate which situation best applies to the academic difficulty you have experienced:

- Medical:** If a medical problem contributed to your failure to maintain satisfactory academic progress, **attach documentation** confirming you received medical treatment during the semester(s) affected by your medical condition
- Death/Illness:** If the death or illness of a family member or close friend contributed to your lack of academic progress, please **attach appropriate copies of medical records, death certificate, obituary, etc**
- Change in work hours:** if the change in schedule was initiated by the employer after the term began, **required documentation, confirmation of schedule change by the employer on company letterhead.**
- Other Circumstances:** Please state clearly the circumstances other than those listed above that contributed to your lack of academic progress. Provide appropriate documentation.

B. Provide a detailed written explanation of the factors contributing to your lack of academic progress. If you need additional space, please attach another page. You may attach a typed version.

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C. Please explain how your personal circumstances have changed so that they will no longer impede your academic progress and what measures you are taking to ensure your academic success in the future, such as a reduction in enrollment, change in employment, change in health condition, utilizing the UHCL Writing Center, etc. If you need additional space, please attach another page. You may attach a typed version.

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**Section 3: Signatures and Terms:** Read and sign below.

- ✓ I understand that the **decision of the committee is final** and that appeal decisions are made on a case-by-case basis.
- ✓ I understand the submission of this form does not constitute an approval of my appeal. If approved, I will be expected to make academic progress in the semester for which my appeal has been approved.
- ✓ I understand the UHCL Satisfactory Academic Progress requirements in the UHCL Catalog.
- ✓ I understand that students whose SAP appeals are approved will receive financial aid for one semester on a probationary basis. At the end of that semester, students who are meeting all three components of SAP (GPA/Ratio/Timeframe) and are following the terms of the academic plan will not have to appeal. Students who are not meeting SAP will be notified via their UHCL email and they may submit another SAP appeal to the Office of Student Financial Aid.
- ✓ I understand that I will be notified via email to my UHCL email address if any further information is needed, and of the committee’s decision. *Any fees I may owe the university are due on the date specified regardless of the status of my appeal.*
- ✓ I understand that this appeal must be approved before the end of the semester for which I am appealing. If it is incomplete or cannot be approved by the end of the semester, then I will not receive aid for this semester. I may appeal for next semester by submitting a new SAP form.

Student Name (Printed): \_\_\_\_\_

UHCL ID#: \_\_\_\_\_

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

Date: \_\_\_\_\_

**DO NOT use electronic or stamp signature, appeal application must be completed and signed by you in black or dark blue ink**

## Academic Plan

### Initial

\_\_\_\_\_ All courses attempted must be completed with a grade of C or higher for undergraduates or B or higher for graduates.

\_\_\_\_\_ You must maintain at least a 2.0 GPA for undergraduates or 3.0 GPA for graduates

\_\_\_\_\_ You must complete 100% of all attempted courses

\_\_\_\_\_ All courses attempted must be on your Candidate Plan of Study.

\_\_\_\_\_ Must meet with your Academic Advisor during the semester your appeal was approved for. If you fail to meet your Academic Plan and need to appeal in a future semester, you must provide confirmation you met with your Academic Advisor.

### **Student Signature:**

I understand that if I fail to maintain the terms of this academic plan, my ability to receive future financial aid will be put in jeopardy. Furthermore, I understand that my academic success remains my responsibility.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT use electronic or stamp signature, appeal application must be completed and signed by you in black or dark blue ink**

**STOP HERE FOR GPA, RATIO AND PREVIOUS APPEAL REQUIRMENTS NOT MET**

**Complete below and with Academic Advisor if not meeting  
Time Frame or Exceeding 30/45 Sch above degree requirements  
(waivers/exemptions only)**

The Academic Plan and Candidate Plan of Study must be submitted with your Satisfactory Academic Progress Appeal form. You are responsible for making an appointment with an academic advisor to complete Academic Plan and obtain an evaluated and updated Candidate Plan of Study. To ensure success, you must follow stipulations outlined in your Academic Plan during semester for which appeal was approved and thereafter. ***Failure to follow the plan can result in a loss of future financial aid.***

<b><u>College</u></b>	<b><u>Location</u></b>	<b><u>Phone number</u></b>	<b><u>Appointment</u></b>
College of Education	Bayou 1231	281 283-3600	By appointment only*
College of Business	Bayou 2111	281 283-3110	By appointment only*
College of Science and Engineering	Bayou 3611	281 283-3711	By appointment only*
College of Human Sciences and Humanities	Bayou 1539	281 283-3333	By appointment only*
Distance Ed at Texas Medical Center		281 253-9503	call first for availability *
Pearland Center 1200 Pearland Parkway Pearland, TX 77581	Room 154	281 212-1606	By appointment only*

\*When making an appointment with an advisor expect at least 24 hour waiting period.  
Waiting period maybe longer during the peak time and registration.

Student’s estimated Graduation Date: \_\_\_\_\_

Remaining Hours Needed to Graduate: \_\_\_\_\_

(Include hours for which the student is submitting an appeal – Student will not be able to receive financial aid for additional hours beyond the hours indicated)

Attach CPS and if student is completing a minor, include those classes too.

Advisor Comments: (please feel free to add any additional or clarifying information below)

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**Academic Advisor Signature:**

I have reviewed the Academic plan with the student.

Advisor Name: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_