Satisfactory Academic Progress (SAP) Appeal Form

In order to appeal the denial of financial aid due to not maintaining satisfactory academic progress, you must:

____ complete and sign this form
____ attach Academic Plan signed by your academic advisor
____ attach a current Candidate Plan of Study (CPS)
____ attach other supporting documentation, if applicable

Once the form has been completed, you may mail it to the Student Financial Aid Office, 2700 Bay Area Blvd, Houston, TX 77058, or you may fax it to 281-283-2502, or you may email it to uhcl_fao@uhcl.edu.

Please use blue or black ink. Do not use pencil.

Name (Last, First MI) ____________________________  UHCL ID # ________________

Please indicate the year and semester for which you are appealing to receive financial aid.

Year _____________  _____ Fall    _____ Spring    _____ Summer  (Please check only one semester)

What is your degree objective (BA, BS, MA, MBA, etc)? _______________________

How many remaining hours do you need to complete your degree? ________________

Have you had a previous appeal:  ____No     ____Yes (Semester and year of previous appeal ________________)

Types of Appeals – Check all that apply. Please refer to the UHCL catalog for detailed information about types of appeals.

□ 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.

Reason for Appeal

Below please indicate which situation best applies to the academic difficulty you have experienced. On the next page provide a detailed explanation of the factors contributing to your lack of academic progress. Also, please indicate the steps you have taken to ensure future academic success.

□ 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.

□ Other Circumstances: Please state clearly the circumstances other than those listed above that contributed to your lack of academic progress and provide appropriate documentation.
Name: ___________________________

UHCL ID #: ______________________

Detailed explanation of the factors contributing to your lack of academic progress:

(1) You must provide the appeal committee a written explanation of the reasons for your failure to meet satisfactory academic progress requirements. If you need additional space, please attach another page.

(2) Please explain how your personal circumstances have changed so that they will no longer impede your academic progress. If you need additional space, please attach another page.

(3) Please explain what measures you are taking to ensure your academic success in the future, such as a reduction in enrollment, utilizing the UHCL Writing Center, etc.

I understand that decisions on appeals are on a case-by-case basis. If approved, I will be expected to make academic progress in the semester for which my appeal has been approved. I have read the UHCL catalog concerning satisfactory academic progress requirements. I understand my submission of this appeal does not constitute an approval of my appeal. I will be notified if any further information is needed and of the committee’s decision by email at my UHCL email address. Any fees I may owe the university are due on the date specified regardless of the status of my appeal.

_______________________________________               __________________________
Student Signature               Date

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.
Satisfactory Academic Progress Appeal

Academic Plan

Directions: This form must accompany an appeal for suspension of financial aid. The student is responsible for meeting with an academic advisor to complete the academic plan. To ensure success, students should provide input about the academic plan. Failure to follow the plan can result in a loss of future financial aid.

Academic advising office locations and phone numbers, Clear Lake campus:

<table>
<thead>
<tr>
<th>College of Education</th>
<th>College of Human Sciences and Humanities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayou 1231</td>
<td>Bayou 1539</td>
</tr>
<tr>
<td>281-283-3600</td>
<td>281-283-3333</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College of Science and Engineering</th>
<th>College of Business Bayou 2111</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayou 3611</td>
<td>281-283-3110</td>
</tr>
<tr>
<td>281-283-3711</td>
<td></td>
</tr>
</tbody>
</table>

Academic advising office locations off campus and phone numbers:

<table>
<thead>
<tr>
<th>Sugar Land Center, Cinco Ranch Center, Alief Taylor High School, Spring Branch ISD</th>
<th>San Jacinto College – North</th>
</tr>
</thead>
<tbody>
<tr>
<td>281-253-9540</td>
<td>281-212-1607</td>
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<tr>
<th>Texas Medical Center, UHCL</th>
<th>Pearland Center</th>
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<tbody>
<tr>
<td>281-253-9503</td>
<td>281-212-1606</td>
</tr>
</tbody>
</table>

Part I: Reason for failing to maintain satisfactory academic progress

☐ GPA Requirement: Failure to maintain a cumulative GPA of 2.000 as an undergraduate or 3.000 as a graduate student.

☐ Completion Requirement: Failure to complete 75% of the courses attempted at UHCL. (Note: Drops, withdrawals, and “Fs” count as uncompleted.)

☐ Timeframe Requirement: Attempted more than 171 hours as an undergraduate or 54 hours as a graduate student

PART II: To be completed by UHCL academic advisor

Estimated Graduation Date:__________________

Hours Needed to Graduate:____ (Student will not be able to attempt any additional hours beyond the hours indicated and continue to receive financial aid.)

Completed CPS on File? ☐Yes ☐No
The student should complete ___ hours in the fall term, ___ hours in the spring term, and ___ in the summer.

The student is restricted to attempting no more than ____ in the fall, ___ in the spring, and ____ in the summer.

The student should earn a grade no less than ____ in any class.

It is advised that the student visit with:
- □ Writing Center
- □ Student Success Center
- □ Health and Disabilities Office
- □ Other __________________________

Before dropping a course, the student should visit with:
- □ Academic Advisor
- □ Writing Center
- □ Student Success Center
- □ Health and Disabilities Office
- □ Faculty member instructing the course
- □ Other __________________________

Advisor Comments:

Part III: Academic Advisor Signature

I have reviewed the academic plan with the student.

______________________________    ______________________________
Academic Advisor Signature    Date

Part IV: Student Signature

I have reviewed the academic plan with my academic advisor. I fully understand the contents of the academic plan. If I fail to maintain the terms of this academic plan, I understand 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