



**Satisfactory Academic Progress (SAP) – Student Appeal Form**

<b>Student Last Name:</b>			<b>Student First Name:</b>		
<b>Student R #:</b>			<b>Cell #:</b>		
<b>Term for Appeal:</b>	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer		
<b>Do you have a Prior Term Balance?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
<b>Deadline to Submit Complete Appeal:</b>	<b>12<sup>th</sup> Class Day. No Late Appeals Accepted. Incomplete Appeals Will Not Be Reviewed.</b>				
<b>Student Level:</b>	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Law		
<b>Dual Degree Student?</b>	<input type="checkbox"/> Yes (This form is required by both academic advisors)		<input type="checkbox"/> No		
<b>Distance Learner</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
<b>College:</b>	<b>Major:</b>				

Instructions for completing an appeal for financial aid:

❶ The following documents are required for your appeal

■ Tell us why you did not meet SAP standards

➔ Provide a typed, detailed explanation of the circumstances that prohibited you from meeting satisfactory academic progress (e.g., medical, death, divorce, military service, exceeding timeframe).

(If this is your 2<sup>nd</sup> appeal, your circumstance must be different from your previous appeal).

- What steps have you or will you take to address these circumstances, and how will you manage similar circumstances in the future?
- **COVID-19-** Circumstances regarding the COVID-19 outbreak including, but not limited to, an illness of a student or family member, compliance to a quarantine period, or the general disruption resulting from this outbreak, may form the basis of a student SAP appeal.

■ Proof of Circumstance

➔ Submit documentation or supporting letters to confirm your circumstance. (e.g., letter from physician or counselor, medical bills, death certificate, detailed letter explaining circumstance regarding COVID-19, military orders, court documents, etc.).

■ Meet with your college Academic Advisor to complete page 2 and 3.

➔ Your academic advisor must complete page 2 and the top section of page 3 of this form. You and your Academic Advisor both must provide your signatures.

➔ An academic plan will be completed on page 2 with your Academic Advisor showing what additional courses and/or credit hours you must take to graduate and/or correct your Satisfactory Academic Progress deficiency.

- SAP deficiency could consist of:
  - GPA-** Your GPA is below the minimum requirement (2.0 Undergraduate/Law, 3.0 Graduate)
  - Pace-** Your cumulative and/or term completion rate is below 67%
  - Maximum Timeframe-** You have exceeded 150% of the credits required for your program of study

❷ Submit this appeal form, your letter and documentation, and your academic plan to [finaid.sap@ttu.edu](mailto:finaid.sap@ttu.edu) or bring directly to the Student Financial Center at 301 West Hall. **It is the student’s responsibility to submit this form, not the Academic Advisor’s.** Please allow at least 10 business days for processing. If you need to submit your appeal remotely (no access to a printer) please visit our financial aid website at [www.financialaid.ttu.edu](http://www.financialaid.ttu.edu)>Requirements & Forms>Financial Aid Forms for those instructions.



Satisfactory Academic Progress (SAP)

Student Last Name:		Student First Name:	
Student TTU R#:			

Academic Plan

As part of my academic plan, I understand I must:

- Earn a financial aid GPA of 2.0 for undergraduate/law or a 3.0 for graduate level
- Successfully pass 67% of all credit hours attempted
- Earn my degree within 150% of the credit hours allowed by my education program

The following grid is required for all students (to be completed by Academic Advisor).

Carefully evaluate this plan, as students will be expected to complete all courses listed below and earn the indicated required semester GPA. Understand that the student may lose aid eligibility if these terms are not met. If the student/advisor believes that the student will be better suited to enroll in less than 12 credit hours per term during this SAP academic plan, please indicate below. List specific courses or list general enrollment requirements. List the most effective plan for the student to graduate; the SAP Academic Plan should detail significant and reasonable progress. **This appeal must be completed and submitted by the 12<sup>th</sup> class day. No late appeals will be accepted, and incomplete appeals will not be reviewed.**

SEMESTER/YEAR			
Course Name	# of Credits	Core or Major Requirement? Y/N	Repeated Course? Y/N (If Y, please check with Financial Aid)

The following conditions are suggestions you can discuss with your advisor.

As part of my Academic Success Plan, I agree to the following conditions of the contract:

Student initial by each condition agreed upon with your advisor

- \_\_\_ Meet with my Academic Advisor or Academic Recovery Advisor every... Two weeks Three weeks
- \_\_\_ Meet with my course instructors a minimum of two times during the returning semester.
- \_\_\_ Register only for courses as discussed with my Academic Advisor or Recovery Advisor for my major in \_\_\_\_\_
- \_\_\_ Postpone involvement in fraternity, sorority, or other campus organizations while in Academic Recovery.
- \_\_\_ Will work the following average hours per week. \_\_\_ Full time \_\_\_ Part-time \_\_\_ Not at all
- \_\_\_ Will enroll in a PADR course for my returning semester.
- \_\_\_ Will visit the writing center
- \_\_\_ Will schedule an appointment with SOAR (Support Operations for Academic Retention)
- \_\_\_ Will set up tutoring appointments

HOLDS:


Current TTU Cumulative GPA: \_\_\_\_\_  
 Earned Hours: \_\_\_\_\_  
 GPA Hours: \_\_\_\_\_  
 State Drop Limit: \_\_\_\_\_ of 6 used  
 Classification: SR / JR / SO / FR



**Satisfactory Academic Progress (SAP) – Student Academic Plan**

**THIS SECTION MUST BE COMPLETED BY THE ACADEMIC ADVISOR**

Student Last Name:

Student First Name:

Student TTU R#:

**Academic Advisor Statement**

Include an anticipated date that the student will be back on track to degree completion:

Please use the space below if you would like to include any additional information:

I certify that I have worked with the student to fill in the information listed on page 2.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Advisor Phone

\_\_\_\_\_  
Advisor Email

**Student Certification**

I agree to this SAP Academic Plan. I understand that failure to follow and complete this plan will result in suspension from federal, state, and institutional aid. I acknowledge that I am responsible for reading and acting upon (when necessary) the information sent to my TTU email account. I certify that all information submitted with this appeal is accurate and true to the best of my knowledge, that all copies are unaltered, and that I have appropriately obtained all supporting documentation. My personal statement explaining my circumstance is attached, **I have read and understand the SAP Standards Policy and understand that submitting this form does not guarantee that my request will be granted.**

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

\_\_\_\_\_  
Date

**Approved**

**Denied**