Satisfactory Academic Progress Appeal Form

To be completed by the Student in black ink or typed

| Name: ___________________________ | UMID: ___________________________ |
| Address: _________________________ | City, State, Zip: ___________________ |
| Telephone: ______________________ | Level: □ Undergrad (UG) □ Graduate (GR) |
| Current Major: ___________________ | Name of Academic Advisor: ____________ |

Federal regulations require that students make Satisfactory Academic Progress (SAP) towards the completion of their degree and maintain good academic standing. By submitting this form you are explaining your deficiency, and requesting consideration for reinstatement of your financial assistance. Appeal forms must be submitted prior to or during the semester the student is requesting reinstatement of your financial assistance. Appeal forms submitted for a term after a student has ceased attending will not be granted. If the student withdraws while waiting for an appeal decision, the appeal will not be granted.

Please check the reason(s) for the appeal.

- [ ] Exceeded 180 (UG) or 59 (GR) attempted hours
- [ ] Completion rate less than the required 67%
- [ ] Circumstances have changed and my academic plan needs to be revised.
- [ ] Cumulative Grade Point Average (GPA) is below 2.0 by end of second academic year.
- [ ] I have completed requirements for my academic plan.
- [ ] I was required to file an appeal after the end of the current semester.
- [ ] I have completed zero (0) attempted credits during the last two semesters at UM-Flint.

Please check the circumstance that applies. You must provide supporting documentation. Appeals without supporting documentation will automatically be denied. All sections must be completed or the appeal will be returned without a review.

<table>
<thead>
<tr>
<th>Circumstance for Appeal</th>
<th>Supporting Documentation</th>
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<tbody>
<tr>
<td>□ Serious medical illness or injury</td>
<td>□ Signed doctor’s statement on office letterhead</td>
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<tr>
<td>□ Death of an immediate family member</td>
<td>□ Death Certificate; obituary or announcement indicating your relationship</td>
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<td>□ Other special circumstances</td>
<td>□ Specific to the circumstances</td>
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<tr>
<td>□ Exceeded 180/59 credit hours &amp; have change of major or prior degree</td>
<td>□ Documented major change or prior degree</td>
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Office of Financial Aid
303 E Kearsley Street, 277 UPAV
Flint, MI 48502-1950
Phone: 810.762.3444
Fax: 810.766.6757
Email: financialaid@umflint.edu
Visit us at: umflint.edu/finaid
1. Are you currently enrolled at the University of Michigan – Flint? If you are currently enrolled please indicate the semester and the number of credits you are taking (e.g. Fall 2014 – 12 credits).

   Semester: ___________________________   Number of credits: ___________________________

2. If you are not currently enrolled, please indicate the next semester you plan to enroll at the University of Michigan – Flint and the number of credits you plan to take (e.g. Fall 2014 – 12 credits).

   Semester: ___________________________   Number of credits: ___________________________

3. Appealing Completion Rate less than 67%: In a clear and comprehensive typewritten statement, explain reasons **IN DETAIL**, addressing **ALL** semesters with deficient grades, including withdrawals. *(Skip to number 4 if appealing for exceeding 180 (UG) or 59 (GR) credits.)*

4. Appealing exceeding 180 (Undergraduate) or 59 (Graduate) credits: In a clear and comprehensive typewritten statement, explain reasons, **IN DETAIL**, addressing all semesters, why you have not graduated in the allowable attempted hours. Explain reasons in detail. *(Skip if appealing for completion rate.)*

   **This question must be completed.**

5. In a clear and comprehensive typewritten statement, answer the following questions:
   1. What steps have you taken to be certain that you will complete all of your classes in the future?
   2. Have there been changes in your situation that will allow you to complete your classes successfully?
   3. Please explain how these changes will allow you to demonstrate that you are making progress by the next evaluation.

   Expected graduation date: ___________________________________________

To the best of my knowledge, all of the information on this form is complete and accurate. I further acknowledge that I will make every effort possible to improve my SAP status, and complete all of my attempted courses successfully at the University of Michigan–Flint. See SAP Policy for definition of attempted courses.

   Student’s Signature ___________________________   Date _________________

   **Appeal Process**

1. Return this signed form and your documentation to: University of Michigan-Flint, Financial Aid Office, Room 277 University Pavilion, Flint, MI 48502-1950.
2. An appeal reviewed by the Committee does not guarantee reinstatement of financial aid.
3. The SAP Committee will review your appeal and substantiating documentation.
4. You will be notified in writing of the SAP Committee’s decision within approximately fifteen (15) business days.

If you have any questions concerning the appeal process, please contact our office at 810.762.3444. Information about the SAP policy may be reviewed at www.umflint.edu/finaid/sap.htm.