

**SATISFACTORY ACADEMIC PROGRESS APPEAL
FOR FINANCIAL AID RECIPIENTS****Academic Year 2008-2009**

Financial Aid Office
 University of Minnesota, Crookston
 170 Owen Hall, 2900 University Ave.
 Crookston, MN 56716
 Phone: 218/281-8569
 Fax: 218/281-8575

DIRECTIONS

You may appeal your financial aid satisfactory academic progress (SAP) status if *unusual circumstances* interfered with your ability to meet SAP standards. To appeal your SAP status you must complete and submit this appeal form with the **required supporting documentation**. In some cases, you must ask your academic advisor to complete and sign SECTION C: Advisor's statement. You must add your signature to SECTION D: Certification. The Financial Aid Office Director will review your appeal and notify you of his decision within 10 business days of the date your appeal is received by the Financial Aid Office.

Please type or print neatly in ink.

Section A. Explanation of circumstances	
Student name (last, first, middle initial)	Student ID
University email address	Phone Number ()
Section B. Explanation of circumstances	
<p>1. Check all the reasons below that apply to your situation. For a complete description of SAP standards, go online to http://www.crk.umn.edu/campusinfo/policies/FinAidSap.htm.</p> <p><input type="checkbox"/> failed to meet credit completion ratio</p> <p><input type="checkbox"/> failed to meet minimum grade point average (GPA)</p> <p><input type="checkbox"/> exceeded the maximum timeframe (You must have your academic advisor complete SECTION C: Advisor's statement.)</p> <p><input type="checkbox"/> collegiate dismissal/suspension (You must be reinstated by the Registrar before you may file an appeal.)</p> <p>2. Explain below why you were unable to meet SAP standards, using the following guidelines:</p> <ul style="list-style-type: none"> • Be specific in describing the factors that caused your academic difficulties. • Outline the changes you have made that will allow you to improve your academic performance. • REQUIRED: Attach supporting documentation, e.g., a letter from your physician, psychologist/counselor, academic advisor, or tutor. • Describe your unusual circumstances. 	

Please attach supporting explanation on separate sheet of paper

SECTION C: Advisor's statement

ADVISOR: Please provide your input to this student's satisfactory academic progress status appeal.

Maximum timeframe appeal

Is the student seeking a second undergraduate degree? Yes No

Please attach the student's graduation plan, specifying courses needed to complete his/her degree or certificate.

Student's degree or certificate program	Projected graduation date	Number of credits remaining to complete program
---	---------------------------	---

GPA/Credit Completion ratio appeal

Is the student's academic plan reasonable in terms of semester hours and class difficulty? Yes No

Please add comments or recommendations for student to assist with his/her future academic success, such as referral to the Academic Assistance Center and Student Support Services, reduced work hours, different classes:

Name of advisor (please print legibly)	Title	
Department	University e-mail address	Phone
Advisor's Signature		Date

SECTION D: Certification

To the best of my knowledge all of the information on this form is complete and accurate.

Student's signature	Date
---------------------	------

For office use only

Date reviewed	Director of Financial Aid-Melissa D.	Comments
Action taken <input type="checkbox"/> approved <input type="checkbox"/> denied <input type="checkbox"/> need additional info		