



UNIVERSITY OF ALASKA FAIRBANKS
 FINANCIAL AID OFFICE
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FA APPEAL

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

Student Name _____

ID Number _____

SEMESTER circle one: **FALL** **SPRING** **SUMMER** year: _____

DEADLINE: Appeal forms and attached documentation must be received no later than the last day for student and faculty- initiated withdrawals from the semester for which you are appealing.

REASON FOR APPEAL (check all that apply):

- Completion rate (credits earned/credits attempted) is less than 67%
- Cumulative GPA is less than 2.0 (undergraduate) or 3.0 (graduate).
- Total number of credits attempted is greater than 150% of credits required for degree.
- UAScholars GPA is less than 2.5 or UAScholars credits completed is less than required.

INSTRUCTIONS: On a separate sheet of paper, please write or type your appeal. Your appeal should explain the circumstances which caused you to fall below UAF’s SAP standards and how you plan to improve your performance to meet those standards. You may include any other information you think is relevant. If you have documentation that supports your appeal (e.g. medical records, court documents, etc.) you may submit them with your appeal. All information and materials submitted with an appeal are confidential.

ACADEMIC PLAN: Students in violation of the 2.0 GPA, the 67% completion rate, or the 150% credits attempted standards must meet with an academic advisor to develop an academic plan. If you need an academic plan, make an appointment to meet with your academic advisor. Students enrolled in declared majors and pre-major status should meet with their department academic advisors. General studies (undeclared) and pre-major general studies students should contact the Academic Advising Center academic advisors. You and your academic advisor will discuss your academic performance and goals to develop an academic plan. **You must turn in a copy of your academic plan with this appeal.** Students must earn a grade of C or better for all classes listed on an academic plan.

STUDENT STATEMENT: I affirm that the information given in this appeal is true and correct and I authorize the Financial Aid Office to verify any of the information submitted.

Student Signature _____

Date _____

Your appeal will be processed in 3-5 business days. Check your status on UAonline for updates.

APPEAL DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied COMMENTS:
Signature of Financial Aid Administrator _____ Date _____