| mvUTSA ID: | Student's First Name: | Last: |
|---------------|------------------------|-------|
| 111y 013/11D. | _ Student Strist Name. | Ed3t |



Spring 2022 Satisfactory Academic Progress Appeal

Directions: This form is used for Grants, Loans, Work Study, and Exemptions/Waivers. Federal and state regulations require the Office of Financial Aid and Scholarships to monitor the academic progress towards earning a degree for students receiving financial aid and certain state exemptions/waivers. For this reason, your satisfactory academic progress (SAP) for financial aid is evaluated to verify that you have met all SAP standards. If you fail to meet the SAP standards shown below, you must complete this appeal form and provide supporting documentation in order to be reconsidered for financial aid or exemptions/waiver eligibility. Please be aware, this appeal is for financial aid assistance only and has no bearing on your academic standing.

How to Submit Form: Submit completed form through the Document Uploader for processing.

2022 Spring Appeal Deadlines: Appeal Priority: <u>December 5, 2021</u> Appeal Final Deadline: <u>March 31, 2022</u>

| Grade Level | Cumulative GPA | Cumulative Completion Rate | Maximum Time Frame |
|-------------------|----------------|----------------------------|--|
| Undergraduate | 2.0 | 67% | Attempted Hours < 150% of hours for degree program |
| Graduate/Doctoral | 3.0 | 67% | Attempted Hours < 150% of hours for degree program |

STEP 1 \text{\text{\text{Imminute}}}

Indicate your expected enrollment for the 2021-2022 Academic Year. Enrollment will be used for appeal purposes.

Full time 3/4 three-quarter 1/2 half-time

Indicate the type of financial assistance you have previously received and are attempting to regain:

Financial Aid (Grants, Loans, Work Study) Exemptions/Waivers (Hazlewood, Deaf or Blind, etc.)

STEP 3 WINNINGHOUND WINNINGH WINNINGHOUND WINNINGH WINNINGHOUND WINNINGH WINNINGHOUND WINNINGHOUND WINNINGHOUND WINNINGHOUND WINNINGHOUND WINNINGHOUND WINNINGHOUND WINNINGHOUND WINNINGHOUND WINNINGHOU

Indicate the reason(s) as to why you are not meeting Satisfactory Academic Progress Standards:

Academic Standards (Cumulative GPA) Completion Rate Maximum Time Frames Complete Steps 4, and 6 Complete Steps 4 and 6 Complete Steps 4, 5 and 6

You must attach a typed personal statement. It is assumed that you are dependent on financial aid or your exemption/waiver. **Please not discuss your need for financial aid or exemption/waiver as this is not grounds for approval**

You must address the following sections listed below in your typed letter and provide related supporting documentation:

- 1. Provide details regarding the situation(s) that prevented you from maintaining Satisfactory Academic Progress during the last evaluation period. (Examples: extenuating medical/personal issues, change in field of study, dual major, transferred hours not counted, Covid 19 related issues, etc.)
- 2. How has your situation changed so that it will allow you to demonstrate Satisfactory Academic Progress during the next evaluation period? (Examples: attending tutoring, adjusted work schedule, reduction in course schedule, etc.)

| | | | RRAAREQ Code: SAP, SAP2, SAP3 | • WebX Code: : FFA_APPEAL_Form_LTR |
|-------|--------------|---------------|-------------------------------|------------------------------------|
| Date: | Received By: | Processed By: | | Form revised 11/4/21 • Page 1 of 3 |

HTSA OFFICE HSE ONLY.

| myl | JTSA ID: | Student's First Name: | Last: | | |
|------|---|--|--------------------------------|---|-------------------------|
| | | UM ATTEMPTED HOURS REQUIREME ed due to exceeding Maximum Hours ar | | o and obtain academic advisor support. | mmmmmmm |
| | igned Academic Advisor se specify the number of | Statement credit hours required and the total cre | dit hours needed to complete t | the degree. | |
| 1. | The total required numb | er of hours for the above named student | 's field is: | | |
| 2. | The student needs the fo | ollowing credit hours to complete his or h | er degree at UTSA: | | |
| 3. | The total required numb | er of semesters needed to complete thei | r degree: | | |
| 4. | | ter Plan for Evaluation worksheet detail ted. Please ensure that the Semester Pla | | student to complete/pass for any and all r it is LOCKED. | najors and minors the |
| | E: Any deviation of course ester for which the appea | • | degree planner submitted to th | he Financial Aid and Scholarships Office, | prior to the end of the |
| Prin | t Name: | | Department Nam | e: | |
| Assi | gned Academic Advisor S | ignature: | | Date: | |
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RRAAREQ Code: SAP, SAP2, SAP3 • WebX Code: : FFA_APPEAL_Form_LTR

Oate: ______ Received By: ______ From revised 11/4/21 • Page 2 of 3

| myUTSA ID: | Student's First Name: | Last: |
|--|---|--|
| STEP 4: CERTIFICAT | TON AND SIGNATURES | |
| Read the terms belov | v and sign and date this form. | |
| • I understand that a | appeal decisions are made on a case-by-case | e basis: |
| | ubmission of this form does not constitute ar e awarded and disbursed by that date. | n approval of my appeal and I must make payment arrangements by the tuition deadline should |
| I understand if my | appeal is: | |
| each semeste | r. I will be sent an email to fill out a SAP Acad | r status. I will be placed on an academic plan with requirements that must all be met at the end of demic Plan Agreement which will allow me to continue receiving aid for future semesters as long as r. Plan may range from a minimum of 1 to a maximum of 4 terms and starts for the Spring 2022. |
| | not receive financial aid and will make alterr ancial aid eligibility I must meet the Standard | native payment arrangements. I cannot appeal this denial for this year. I understand that in order to d SAP requirements. |
| I understand that i financial aid is not | | rnative arrangements with Fiscal Services to ensure courses will not be dropped for non-payment as |
| I hereby certify that knowledge. | t all information contained in this appeal, inc | cluding the personal statement and documentation, is true and complete to the best of my |
| • I hereby certify tha | t I have read the information listed above an | d that I understand there is no guarantee the SAP appeal will be approved. |
| Phone Number: | | Email: |
| Student Signature: _ | | Date: |
| | | |
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