

Fall 2024 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.

٠ Fields to select on the Document Uploader: Department: Financial Aid & Scholarships; Term: 2024-2025; Category: Appeal Forms; Category 2: SAP/ Satisfactory Academic Progress; Document: SAP Appeal for Fall

Fall 2024 Final Appeal Deadlines: Appeal Priority: July 1, 2024 Appeal Final: December 2, 2024

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 MINIMUM Indicate your expected enrollment for the 2024-2025 Academic Year. Enrollment will be used for appeal purposes.

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

STEP 2 MINIMUM MINIMUM

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 MINIMUM MINIMUM

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

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RRAAREQ Code: SAP, SAP2, SAP3 • WebX Code: : FFA APPEAL Form LTR Form revised 5/2/2024 • Page 1 of 3

Date:

Processed By:

You must attach a typed personal statement. It is assumed that you are dependent on financial aid or your exemption/waiver. Please do not discuss your need for financial aid or an 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:

- Provide details regarding the situation(s) that prevented you from maintaining Satisfactory Academic Progress during the last evaluation period. (Examples: 1. extenuating medical/personal issues, change in field of study, dual major, transferred hours not counted, 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.)

In some circumstances, appeals may contain information related to sexual misconduct. According to Texas law and UTSA policy, any incident of sexual harassment, sexual assault, dating violence, or stalking committed against students must be reported to the institution's Title IX Coordinator. Any documentation you provide may be submitted to their office.

STEP 5: EXCEEDED MAXIMUM ATTEMPTED HOURS REQUIREMENT

NOTE: Only students terminated due to exceeding Maximum Hours are required to complete this step and obtain academic advisor support.

Assigned Academic Advisor Statement

Please specify the number of credit hours required and the total credit hours needed to complete the degree.

The total required number of hours for the above named student's field is: 1.

The student needs the following credit hours to complete his or her degree at UTSA: 2.

- The total required number of semesters needed to complete their degree: 3.
- Attach a current, Semester Plan for Evaluation worksheet detailing the classes needed for the student to complete/pass for any and all majors and minors the 4. student currently has listed. Please ensure that the Semester Plan for Evaluation indicates that it is LOCKED.

NOTE: Any deviation of courses after submission will require a new degree planner submitted to the Financial Aid and Scholarships Office, prior to the end of the semester for which the appeal has been submitted.

Print Advisor Name: ____

_____ Department Name: _____

Assigned Academic Advisor Signature:

____ Date: _____

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Date:

Last:

Read the terms below and sign and date this form.

- I understand that appeal decisions are made on a case-by-case basis:
- I understand the submission of this form does not constitute an approval of my appeal and I must make payment arrangements by the tuition deadline should financial aid not be awarded and disbursed by that date.
- I understand if my appeal is:
 - *Approved*, I will be granted aid on a semester by semester status. I will be placed on an academic plan with requirements that must all be met at the end of each semester. I will be sent an email to fill out a SAP Academic Plan Agreement which will allow me to continue receiving aid for future semesters as long as <u>all</u> conditions of the academic plan are met. The Academic Plan may range from a minimum of 1 to a maximum of 4 terms and starts for the Fall 2024.
 - **Denied**, I will not receive financial aid and will make alternative payment arrangements. I cannot appeal this denial for this year. I understand that in order to regain my financial aid eligibility I must meet the Standard SAP requirements.
- I understand that it is the student's responsibility to make alternative arrangements with Fiscal Services to ensure courses will not be dropped for non-payment as financial aid is not guaranteed.
- I hereby certify that all information contained in this appeal, including the personal statement and documentation, is true and complete to the best of my knowledge.
- I hereby certify that I have read the information listed above and that I understand there is no guarantee the SAP appeal will be approved.

Phone Number:	Email:	
Student Signature:	Date:	

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Date: ____