m١	/UTSA ID:	Student's First Name:	Last:	
	1013/11D	Judeni Jinstinanie.	Luji.	



## Fall 2025 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.

Fields to select on the Document Uploader: Department: Financial Aid & Scholarships; Term: 2025-2026; Category: Appeal Forms; Category 2: SAP/ Satisfactory Academic Progress; Document: SAP Appeal for Fall

Fall 2025 Final Appeal Deadlines: Appeal Priority: June 30, 2025 Appeal Final: December 1, 2025

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

Orace Level	Camatative of A	camatative completion rate	Maximum Time Traine		
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 2025-2026 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) Complete Steps 4 and 6

**Completion Rate** Complete Steps 4 and 6 **Maximum Time Frames** Complete Steps 4, 5 and 6

PDAADEO Codo: SAD SAD2 SAD3 . Woby Codo: FEA ADDEAL Form ITD

UTSA OFFICE USE ONLY:	

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Date:	Received By:	Processed By:	Form revised 2/4/2025 • Page 1 of 3

myl	UTSA ID:	Student's First	Name:	Last:			
You	must attach a typ		assumed that you are de	pendent on financial aid		ase do not discuss your need for	
You	must address the	e following sections listed be	ow in your typed letter ar	nd provide related suppo	rting documentation:		
1.		regarding the situation(s) tha dical/personal issues, chang			ademic Progress during the last ot counted, etc.)	evaluation period. (Examples:	
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.)						
sexu	n some circumstances, appeals may contain information related to sexual misconduct. According to Texas law and UTSA policy, any incident of sexual harassment, rexual 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.						
STE	P 5: EXCEEDED	MAXIMUM ATTEMPTED H	OURS REQUIREMENT	<i></i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nnunununununununun	
NOT	<b>TE:</b> Only students	terminated due to exceeding	Maximum Hours are req	quired to complete this s	ep and obtain academic advisc	or support.	
	-	: Advisor Statement umber of credit hours requir	ed and the total credit h	ours needed to complet	e the degree.		
1.	The total requir	ed number of hours for the a	oove named student's fie	eld is:			
2.	The student nee	eds the following credit hours	to complete his or her d	egree at UTSA:			
3.	The total requir	ed number of semesters nee	ded to complete their deg	gree:			
4.		t, <b>Semester Plan for Evaluat</b> i ly has listed. Please ensure t	_			any and all majors and minors the	
	•	of courses after submission he appeal has been submitt		ee planner submitted to	the Financial Aid and Scholars	ships Office, prior to the end of the	
Prin	t Advisor Name:			Department Na	me:		
Assi	igned Academic	Advisor Signature:			Date:		
				TCA OFFICE HCF ONLY.			

myUTSA ID:	Student's First Name:	Last:	
STEP 6: CERTIFICAT	TION AND SIGNATURES \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		.1111
Read the terms belo	w and sign and date this form.		
<ul> <li>I understand that</li> </ul>	appeal decisions are made on a case-by-case	e basis:	
	submission of this form does not constitute ar be awarded and disbursed by that date.	n approval of my appeal and I must make payment arrangements by the tuition deadline should	
<ul> <li>I understand if my</li> </ul>	ı appeal is:		
each semeste	er. 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 r. Plan may range from a minimum of 1 to a maximum of 4 terms and starts for the Fall 2025.	
	l not receive financial aid and will make altern nancial aid eligibility I must meet the Standard	native payment arrangements. I cannot appeal this denial for this year. I understand that in orde d SAP requirements.	r to
<ul> <li>I understand that financial aid is no</li> </ul>	The state of the s	rnative arrangements with Fiscal Services to ensure courses will not be dropped for non-payment	t as
<ul> <li>I hereby certify the knowledge.</li> </ul>	at all information contained in this appeal, in	cluding the personal statement and documentation, is true and complete to the best of my	
<ul> <li>I hereby certify the</li> </ul>	at 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:	