mvUTSA ID:	Student's First Name:	Las	t:
,			



Spring 2026 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.

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

Spring 2026 Final Appeal Deadline: Appeal Priority: December 1, 2025 Appeal Final: May 1, 2026

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

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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.)

Indicate your expected enrollment for the 2025-2026 Academic Year. Enrollment will be used for appeal purposes.

STEP 3 WILLIAM WILLIAM

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

UTSA OFFICE USE ONLY:	

			RRAAREQ Code: SAP, SAP2, SAP3	 WebX Code: FFA_A 	APPEAL	Form_LTF
Date: _	Received By:	Processed By:		Form revised 2/13/	25 •	Page 1 of 3

myl	JTSA ID:		Student's First Name	:	Last:			
STE	P 4: PERS	ONAL STATEME	WINDERSON THE					
			al statement. It is assum iver as this is not ground		pendent on financial ai	d or your exemption/w	raiver. Please do not d i	scuss your need for
You	must addre	ess the following	sections listed below in	your typed letter ar	nd provide related supp	orting documentation:		
1.			he situation(s) that prevonal issues, change in fic			-	ng the last evaluation p	eriod. (Examples:
2.			anged so that it will allov hedule, reduction in cou			c Progress during the r	next evaluation period?	? (Examples: attending
sexu	al assault,		s may contain informatio or stalking committed a		_			·
STE	P 5: EXCEI	EDED MAXIMUM	M ATTEMPTED HOURS	REQUIREMENT	<i>mmmmmmm</i>			nunununununun
NOT	E: Only stu	dents terminated	d due to exceeding Maxir	mum Hours are req	uired to complete this s	tep and obtain acader	mic advisor support.	
	_	lemic Advisor S the number of cr	tatement redit hours required and	l the total credit ho	ours needed to complet	e the degree.		
1.	The total r	required number	of hours for the above n	amed student's fie	eld is:			
2.	The stude	nt needs the foll	owing credit hours to cor	nplete their degree	e at UTSA:			
3.			of semesters needed to					
4.			r Plan for Evaluation wo d. Please ensure that the	-		•	e/pass for any and all m	najors and minors the
	-	-	after submission will re has been submitted.	equire a new degre	ee planner submitted to	the Financial Aid and	d Scholarships Office,	prior to the end of the
Print	t Advisor N	ame:			Department Na	nme:		
Assi	gned Acad	emic Advisor Sig	nature:			Date:	r <u> </u>	
mm	munnun	munumunum		unnununun U7	TSA OFFICE USE ONLY:	annununununun 1		

myUTSA ID:	Student's First Name:	Last:	
Read the terms below	w and sign and date this form.		
• I understand that o	appeal decisions are made on a case-by-case	e basis.	
	ubmission of this form does not constitute an e awarded and disbursed by that date.	n approval of my appeal and I must m	ake payment arrangements by the tuition deadline should
• I understand if my	appeal is:		
each semeste	er. I will be sent an email to fill out a SAP Acad	demic Plan Agreement which will allo	nic plan with requirements that must all be met at the end of w me to continue receiving aid for future semesters as long as 1 to a maximum of 4 terms and starts for the Spring 2026.
	not receive financial aid and will make altern ancial aid eligibility I must meet the Standard		ot appeal this denial for this year. I understand that in order to
• I understand that if financial aid is not	·	rnative arrangements with Fiscal Serv	ices to ensure courses will not be dropped for non-payment as
• I hereby certify that knowledge.	t all information contained in this appeal, in	cluding the personal statement and o	locumentation, is true and complete to the best of my
• I hereby certify tha	nt I have read the information listed above an	nd that I understand there is no guara	ntee the SAP appeal will be approved.
Phone Number:		Email:	
Student Signature: _		Date:	