



Satisfactory Academic Progress (SAP) Appeal Form

Name: _____ UIU ID: _____ DATE: _____

Program Level: ___ Undergraduate ___ Graduate

Timeframe Incident Occurred: _____

You may use this form to request a reevaluation of your SAP Suspension based on insufficient progress toward a degree. Please keep in mind the SAP Appeal Committee will review your appeal after your ineligibility status is official.

Explain the specific reasons/issues/circumstances that adversely impacted your academic performance. Please include specific timeframes of incidents.

Describe what has changed and what resources or strategies you now have in place to support your academic success. Be specific in explaining how you plan to overcome the challenges or barriers that previously prevented you from meeting the institution's academic standards.

_____ I have documentation that supports the challenges I experienced during my previous enrollment

_____ I have documentation outlining my future plans and how they support my academic success.



Academic Plan

This document is to be completed and signed by the academic advisor. Please discuss with the student his or her academic performance and goals in regard to SAP. SAP standards are published at www.uiu.edu/about/policies-reports.

Name: _____ **UIU ID:** _____

Program Level: Undergraduate Graduate

SAP Suspension is based on the following measure(s). Check all that apply:

Qualitative (GPA)
 Quantitative (PACE)
 Maximum Time Frame

As long as the student meets all SAP requirements in the following semester, the student’s eligibility will be reinstated. If SAP Suspension was based on the maximum time frame measure, the student must complete all credits required for degree completion by the end of the last semester of the academic plan.

ACADEMIC ADVISOR – PLEASE INCLUDE A COPY OF THE STUDENT’S TRANSCRIPT

MINIMUM CREDIT AND GPA REQUIREMENTS				
	Semester 1	Semester 2	Semester 3	Semester 4
Semester:	Fall Spring Summer	Fall Spring Summer	Fall Spring Summer	Fall Spring Summer
Total number of credits being taken/number repeated:				
	/	/	/	/
Notes: (i.e. repeated course numbers)				
Minimum <u>semester</u> GPA:				
Cumulative GPA at end of Semester:				
Completion percentage at end of Semester:				

Academic Advisor Approval: _____
(Print Name, Title and Phone Number)

Academic Advisor Approval Signature: _____

Student:

I understand that if this appeal is approved and I fail to meet the requirements of my academic plan during the next semester, my financial aid will be permanently suspended for future semesters or until I meet the SAP requirements as indicated on Upper Iowa University’s SAP Policy. If this appeal is denied, I understand that I am responsible for all charges.

Student Signature: _____ Date: _____