Satisfactory Academic Progress (SAP) Appeal Form

Date: ____________________  Student ID: ____________________
Last Name: ____________________  First Name: ____________________
Phone Number: ____________________  Email Address: ____________________

Please update your account in SiS if the email address and phone number listed above is different.

Satisfactory Academic Progress (SAP) Requirements
1. Minimum cumulative grade point average (GPA) of 2.0 for Undergraduates; 3.0 for Graduate students
2. Minimum completion rate of 70% (total earned credits/total attempted credits)
3. Maximum Time Frame of 180 attempted credits for bachelor’s degree; maximum of 90 attempted credits for associate’s degree; maximum 150% of defined program length for certificate programs.

*Complete published SAP policy is available at http://www.uml.edu/sap.

Students placed in Financial Aid Termination Status, if not academically suspended or dismissed, may appeal for reinstatement of financial aid when extenuating circumstances exist. Support from the student’s academic advisor or other academic official as appropriate is required. Appeals are reviewed by representatives of the Financial Aid Office with input from academic administrators when appropriate.

The Student Must:
- Submit a personal statement explaining why you failed to achieve satisfactory academic progress. The statement should include any relevant factors such as illness; unusual demands upon you due to family, work, or life circumstances; and your perspective on what led to this academic difficulty. Third-party documentation supporting your appeal is recommended.
- Explain how circumstances have changed, which will ensure you to make satisfactory academic progress.
- Meet with your advisor to develop an academic plan. See the chart below for guidance if you need assistance with contacting your advisor.

<table>
<thead>
<tr>
<th>College</th>
<th>Contact</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manning School of Business</td>
<td>Frank Andrews</td>
<td>978-934-2816</td>
<td><a href="mailto:Frank_Andrews@uml.edu">Frank_Andrews@uml.edu</a></td>
</tr>
<tr>
<td>Francis College of Engineering</td>
<td>Oliver Ibe</td>
<td>978-934-3118</td>
<td><a href="mailto:oliver_ibe@uml.edu">oliver_ibe@uml.edu</a></td>
</tr>
<tr>
<td>College of Fine Arts, Humanities &amp; Social Sciences (with declared major)</td>
<td>Karen Humphrey-Johnson</td>
<td>978-934-2105</td>
<td><a href="mailto:Karen_humphreyjohnson@uml.edu">Karen_humphreyjohnson@uml.edu</a></td>
</tr>
<tr>
<td>College of Fine Arts, Humanities &amp; Social Sciences (undeclared only)</td>
<td>Francis Talty</td>
<td>978-934-4328</td>
<td><a href="mailto:Francis_Talty@uml.edu">Francis_Talty@uml.edu</a></td>
</tr>
<tr>
<td>College of Health Sciences</td>
<td>Pauline Ladebauche</td>
<td>978-934-4419</td>
<td><a href="mailto:Pauline_Ladebauche@uml.edu">Pauline_Ladebauche@uml.edu</a></td>
</tr>
<tr>
<td>College of Sciences</td>
<td>Steve Norton</td>
<td>978-934-3844</td>
<td><a href="mailto:Stephen_Norton@uml.edu">Stephen_Norton@uml.edu</a></td>
</tr>
<tr>
<td>Graduate Students</td>
<td>Contact your academic department directly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing Education</td>
<td>Janet King</td>
<td>978-934-2241</td>
<td><a href="mailto:Janet_King@uml.edu">Janet_King@uml.edu</a></td>
</tr>
<tr>
<td>Centers for Learning</td>
<td>Students may work with Centers for Learning for an academic plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Return the completed appeal form with documentation to the Financial Aid Office by specified deadline below:
  - Summer 2015 Semester: June 18, 2015
  - Fall 2015 Semester: September 15, 2015 (last day of fall term add/drop)
  - Spring 2016 Semester: February 1, 2016 (last day of spring term add/drop)

IMPORTANT:
- SAP appeal is for financial aid purposes only
- SAP appeal does not substitute for University review of your academic standing
Examples of Mitigating Circumstances and Recommended Documentation

This list is not all inclusive; there may be other types of documentation that are acceptable. Be sure the dates of the documentation coincide with the dates you attended UMass Lowell and the terms that have impacted your academic performance.

Submitting an appeal with supporting documentation does not guarantee an appeal will be approved.

<table>
<thead>
<tr>
<th>Nature of appeal</th>
<th>Recommended documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical condition or illness</td>
<td>Doctor’s note (on letterhead) and/or hospital records</td>
</tr>
<tr>
<td>Death of an immediate relative</td>
<td>Obituary notice and/or death certificate AND explain the relationship between student and decedent</td>
</tr>
<tr>
<td>Divorce or separation</td>
<td>Divorce decree, signed letter from attorney (on letterhead), signed statement from counselor or therapist</td>
</tr>
<tr>
<td>Job schedule conflict</td>
<td>Signed statement of schedule change / overtime hours worked from employer (on letterhead) OR copies of timesheets / paycheck stubs documenting hours worked (must have company name printed on timesheets)</td>
</tr>
<tr>
<td>Military Service</td>
<td>Copy of your military orders, a DD-214 showing dates of service, OR a letter from your commanding officer describing the dates and duration of service</td>
</tr>
<tr>
<td>Second degree or program</td>
<td>Explanation of programs and progress, including academic goals and remaining credits to program completion</td>
</tr>
<tr>
<td>Readmission following suspension or under the UMass Lowell FRESH START program</td>
<td>Submit a letter explaining in detail the nature and dates of your suspension / withdrawal and the life circumstances you had at the time that led to your suspension or withdrawal</td>
</tr>
<tr>
<td>Illness, injury, or medical condition of a family member that required your care</td>
<td>Provide documentation from a health care professional.  Explain the relationship between the student and the family member (e.g, parent, sibling, child)</td>
</tr>
<tr>
<td>Other extenuating circumstance</td>
<td>Provide documentation to support your situation, explaining why the situation was beyond your control and why it impacted your academic performance</td>
</tr>
</tbody>
</table>
Satisfactory Academic Progress (SAP) Appeal Form

Student ID: __________________________
Last Name: __________________________  First Name: __________________________
Phone Number: ___________________  Email Address: __________________________

Please update your account in SiS if the email address and phone number listed above is different.

Personal Statement

Semester for which you are appealing (circle one):  SUMMER 2015  |  FALL 2015  |  SPRING 2016

1. Provide a personal statement detailing the reasons and circumstances you are not meeting the satisfactory academic progress standards. Attach supporting documentation.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

2. Explain how circumstances have changed and will allow you to meet the satisfactory academic progress standards if your financial aid eligibility is extended. Use extra pages if necessary.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

________________________________________________________  __________________________
Student Signature  Date
### Satisfactory Academic Progress (SAP) Appeal Form

**Student ID:** ________________________________

**Last Name:** ________________________ **First Name:** ________________________________

**Phone Number:** ________________________ **Email Address:** ________________________________

*Please update your account in SiS if the email address and phone number listed above is different.*

---

**Advisor / Student Academic Plan Form**

This form must be used to support a student’s appeal for the reinstatement of financial aid. *It is not to be used for suspension or dismissal by the university.*

#### To be completed by Academic Advisor:

<table>
<thead>
<tr>
<th>Semester for which student is appealing (circle one):</th>
<th>SUMMER 2015</th>
<th>FALL 2015</th>
<th>SPRING 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of credits required for semester:</td>
<td>___________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum GPA required for semester:</td>
<td>___________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Undergraduate students – attach degree audit.

#### Other: Other criteria to be met: (e.g. change of major, specific courses required, regular meetings with academic support services)

---

**Advisor Signature**

______________________________________________________________  **Date**

**Student Signature**

______________________________________________________________  **Date**