



Satisfactory Academic Progress Appeal Form

OFFICE OF FINANCIAL AID

Student's Name (Last, First, M. I.). *Please print.*

Student Identification Number

We recommend that you carefully review the University of Colorado at Boulder's Office of Financial Aid Satisfactory Academic Progress (SAP) Policy. If you do not have a copy of the SAP policy, you may obtain one from the Office of Financial Aid. Submitting an appeal is not a guarantee that your eligibility for financial aid will be reinstated. It is your responsibility to submit all necessary documentation supporting the circumstances of your appeal. Appeals submitted without proper documentation will be considered incomplete and will not be reviewed. For complete appeals, decisions are generally made within 2-4 weeks upon receipt of the appeal. If a decision is made to deny the appeal, the student may request a second review by the committee only if the student can provide new information and documentation that may have been omitted from the initial appeal. **An appeal decision may impose limitations upon aid eligibility and/or future minimum academic standards.** You will be notified by e-mail or letter of the decision.

Please be aware that e-mail is an official means for communication within CU-Boulder, therefore the Office of Financial Aid has the right to send communications to students via e-mail and the right to expect that those communications will be received and read in a timely fashion. Students are expected to check their university e-mail address on a frequent and consistent basis in order to stay current with communication sent from the Office of Financial Aid.

Local Street Address

E-Mail Address

City

State

Zip Code

Local Phone Number

1. I am a (check one box): Degree student Non-Degree student
2. Please indicate the term for which you are appealing to have your financial aid reinstated (check one box):
 Fall 20____ Spring 20____ Summer 20____
3. What type of SAP violation(s) are you appealing? Check ALL boxes that apply.
 GPA Completion Rate Over Hours Withdrawal
4. Have you appealed before?
 Yes, I appealed in the following semester(s): _____ No

Provide the following documentation in support of your appeal:

- ____ 1. **Personal Statement:** Required for ALL APPEALS – Include the following: *Explanation of extenuating circumstances* for each semester in violation of the SAP policy. *Resolution or plan of action* explaining what will ensure your future academic success.
- ____ 2. **Documentation:** Documentation (medical issue, death, travel tickets, expense reports, etc), should be included whenever necessary with your appeal. **All medical related circumstances must include appropriate documentation.**
- ____ 3. **Projected Graduation Audit Form:** Required for ALL OVER HOURS VIOLATIONS, signed by advisor!
- ____ 4. **Admissions Counselor Form:** Required for NON-DEGREE students only.
- ____ 5. **Academic Advisor Form:** Required for NON-DEGREE students only.
- ____ 6. **Other:** (Mid-Term Grades, Letters, etc) _____

Student's Signature

Date

Please mail, fax or drop off this form to:

University of Colorado at Boulder
Office of Financial Aid
SAP Committee
77 UCB
Boulder, Colorado 80309-0077
FAX: (303) 492-2226

Colorado
University of Colorado at Boulder

Note: Forms are available from the Office of Financial Aid and at www.colorado.edu/finaid

APLR

For Office of Financial Aid Use Only:

Date Appeal Logged In _____

SAP Type _____ Total Attempted Hours _____ Total Earned Hours _____ Completion Rate _____

Boulder Campus GPA _____ CUM GPA (if different) _____ Hours of "B" needed _____

of Previous Appeals _____ Term/Type/Outcome of Appeal _____

SAP Evaluator COMMENTS/RECOMMENDATIONS:

Date _____

A

D

P

Committee COMMENTS/RECOMMENDATIONS:

Name: _____

Date _____

A

D

P

Name: _____

Date _____

A

D

P

Name: _____

Date _____

A

D

P

Committee FINAL DECISION & COMMENTS:

Date _____

Approve Deny Pend