Appeal Form for Satisfactory Academic Progress 2026-2027 *(Fall 2026, Spring 2027, Summer 2027)*

Office of Financial Aid
UNIVERSITY OF COLORADO BOULDER

Name: _____ **ID:** _____
Student's Name (Last, First, M.I.) Student Identification Number (SID)

Complete this form if you have special circumstances which caused you to not meet the Satisfactory Academic Progress (SAP) Policy. Our office will review and consider appeals based on extenuating circumstances.

1. **Which Satisfactory Academic Progress (SAP) requirement did you not meet?**

☐ GPA ☐ Completion Rate ☐ Maximum Timeframe (Maximum Attempted Units)*

Additional form required: *Please submit this form in addition to Remaining Courses Required for Degree form. Your appeal will be marked incomplete without the submission of this form.*

2. **What specifically happened that caused you to not meet SAP requirements?**
Attachment of supporting documentation is strongly encouraged.

3. **How did your situation directly affect your academic performance?**

PLEASE SEE OTHER SIDE FOR REMAINDER OF FORM, INCLUDING SIGNATURE CERTIFICATION

Please submit your form by mail or online at www.colorado.edu/financialaid/forms/secure-document-upload
77 UCB • Boulder, Colorado 80309-0077 • www.colorado.edu/financialaid

Only complete Question 4 if you selected GPA and/or Completion rate for Question 1.

4. **What specific steps will you take, or have you taken, to improve the situation that affected your academic performance?**

Only complete Question 5 if you selected Max Timeframe for Question 1.

5. **What specifically caused you to go over the Maximum Timeframe and how many more semesters do you need to graduate?**

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6. Have you appealed for SAP before?

- ○ Yes
- ○ No

If you answered Yes to Question 6, please explain how your circumstance is different than your last SAP appeal. You may attach documentats to further explain your situation.

Deadlines to appeal:

- **October 1** to receive aid in the **fall**
- **March 1** to receive aid in the **spring**
- **July 1** to receive aid in the **summer**

CU Boulder has a responsibility to provide a safe and nondiscriminatory environment. If you disclose that you have been impacted by sexual misconduct, protected-class discrimination or harassment, intimate partner violence, stalking, or related retaliation, we are required to share that information to the CU Office of Institutional Equity and Compliance (OIEC) for outreach regarding support and reporting options. You are not required to respond to OIEC. If you need support, including confidential assistance, visit: colorado.edu/oiec/support-resources/cu-boulder-resources. If you have questions before you submit, contact the confidential Office of Victim Assistance.

Additionally, please note that the university takes disclosures around threat of harm to self or others seriously and when information of this nature is received, it will be shared with the appropriate offices to offer additional support and resources.

Student signature _____ Date _____

Electronic and typed signatures are not acceptable.