



UNIVERSITY OF ARKANSAS AT PINE BLUFF
 Student Financial Services
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SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

PURPOSE

In order to comply with federal regulations, UAPB Student Financial Services is required to monitor whether students are maintaining Satisfactory Academic Progress (SAP) toward the completion of their educational degree plan. This pertains to any student whether or not they have ever applied for or received federal financial aid for previous college enrollment. If you do not meet the UAPB Student Financial Service's satisfactory academic progress standards, you are not eligible for financial aid and you may submit a SAP Appeal to request financial aid based on certain circumstances. All parts of this form must be completed in full and signed. You will be notified by UAPB Student Financial Services Office via **your UAPB email account within two weeks after submission**. The appeal decision will be based on the strength of your appeal statement, documents received and your academic record. **If your appeal is denied, the decision is Final.** You will need to make approved satisfactory payment arrangements with the UAPB Student Financial Services Office to pay your charges. **If your appeal is approved, your financial aid will be reinstated.** At the end of the probationary period, you must be making Satisfactory Academic Process to remain eligible for financial aid. Filing an appeal does not guarantee financial aid reinstatement. **You are responsible for any charges during period(s) of ineligibility.**

ALL APPEALS MUST BE SUBMITTED BY THE 5TH DAY OF CLASS AND MUST BE COMPLETE. INCOMPLETE FORMS WILL NOT BE REVIEWED AND WILL AUTOMATICALLY BE DENIED UNLESS PROPER DOCUMENTATION IS SUBMITTED BY THE DEADLINE. APPEALS RECEIVED AFTER THE DEADLINE DATE WILL BE CONSIDERED FOR THE NEXT SEMESTER.

A. STUDENT INFORMATION

Date	Student Name	UAPB Student ID
Contact Number (Include Area Code)	UAPB Email Address	

B. FINANCIAL AID APPEAL FOR EXTENUATING CIRCUMSTANCES-

Students who have not met all SAP criteria and experienced extenuating circumstances (e.g., illness, death of an immediate family member, medical/emotional disability) during the semester(s) that he/she became deficient, may submit an appeal to UAPB Student Financial Services. **Appeals not meeting an "extenuating circumstance" category will be denied.**

I did not meet UAPB's minimum grade point average definition. My current GPA is: <input type="text"/>	Indicate the semester for which the appeal is to be considered: <input type="text"/>
I did not meet UAPB's definition of Pace or successful completion of course work attempted. My Pace % is: <input type="text"/>	Have you had a previous appeal? <input type="radio"/> NO <input type="radio"/> YES (If Yes, what semester/yr.)
I have exceeded the maximum credit hour limit (180 hours attempted- Undergraduate; 45 hours- Graduate). My total number of hours attempted is: <input type="text"/>	

Choose **ONE** option that best describes your basis for an appeal, attach the required documentation, and complete Parts C, & D before submitting. Lack of knowledge of the financial aid SAP standards is **NOT** acceptable grounds for an appeal.

EXTENUATING CIRCUMSTANCES

REQUIRED DOCUMENTATION (Please attach)

<input type="radio"/> Personal Injury/ Illness/ Physical Disability/ Victim of a Crime	<ul style="list-style-type: none"> Student statement detailing circumstances impairing performance and why future academic performance will not be impaired by circumstances. If victim of a crime: A copy of the police reports of incident in which student was the victim If injury, illness, or physical disability: A statement from the healthcare provider detailing the medical condition that impaired academic performance. The statement should specifically address the following: <ul style="list-style-type: none"> Student's limiting medical condition and timeframe for which conditions existed. How the condition may have impaired academic performance. The student has rehabilitated to such an extent that the medical condition should not significantly impair future academic performance.
<input type="radio"/> Death/ Illness of immediate family member <i>*NOTE*- "Immediate Family" refers to the following persons only: mother/ step-mother, father/ step-father, brother, sister, step-brother/ sister, in-laws including (father, mother, brother, sister, son or daughter), grandparents, spouse, child, step-child.</i>	<ul style="list-style-type: none"> Student statement detailing circumstances impairing performance and why future academic performance will not be impaired by circumstances. If illness of immediate family member: Statement from the attending doctor detailing medical conditions incurred by the family member. Statement should specifically address medical condition and timeframe for which the condition existed. If deceased: Copy of obituary or funeral announcement or other evidence of death.
<input type="radio"/> Separation/ Divorce	<ul style="list-style-type: none"> Student statement detailing circumstances impairing performance and why future academic performance will not be impaired. Copy of separation agreement or divorce decree
<input type="radio"/> Exceeded the 150% of credit in your program	<ul style="list-style-type: none"> Student statement detailing circumstances impairing performance and why future academic performance will not be impaired by circumstances. Relevant documentation to support the student's statement.
<input type="radio"/> Work- related difficulties or other extenuating circumstances not listed above	<ul style="list-style-type: none"> Student statement detailing circumstances impairing performance and why future academic performance will not be impaired by circumstances. If work related: A statement from the employer explaining the work related difficulties. The statement should specifically address the following: <ul style="list-style-type: none"> Student's specific work related difficulties and timeframe for which difficulties existed. How the work situation has changed to such an extent that it should not significantly impair any future academic performances. If other extenuating circumstances: Relevant documentation to support the student's statement.

Please Note: All documentation should include the student's name and relate to the specific period of time during which the student's academic performance failed to meet UAPB's minimum standards for Satisfactory Academic Progress. All 3rd party documents must be on letterhead or an official form (i.e. police reports) and include an official signature.

C. Personal Statement

You indicated in **Section B** that you experienced an extenuating circumstance that interfered during the semester that you fell to meet the required satisfactory academic progress requirements. Attach a typed, detailed statement, which **must** explain:

1. Statement detailing circumstances that prevented you from making Satisfactory Academic Progress **AND**
2. Explain in detail what is now different about the situation **AND** what steps you will take to improve your academic performance.

Be as detailed as possible and explain how your documentation supports your circumstances. Appeals without documentation will be denied.

D. Academic Plan- (this section must be completed and signed by your Academic Advisor)

Attach a copy of your UAPB Degree Audit and construct a term by term plan toward completion of your program of study at UAPB (attach additional pages if necessary). Include classes to be taken each term, each course number, and number of credits per course, for courses remaining in your program of study. List first the term that you intend to begin this academic plan. **Should your request for an appeal be approved, dropping or withdrawing from any classes listed could adversely affect your SAP status.**

Course ID	Course Name	# of Credits

Semester

Course ID	Course Name	# of Credits

Semester

Course ID	Course Name	# of Credits

Semester

Course ID	Course Name	# of Credits

Semester

Academic Program:	Remaining # of credit hours needed for Program	Est. Graduation Date
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Faculty/Academic Advisor Signature	Ext.	Dept.	Date
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E. Student Certification

I certify the information on this Satisfactory Academic Progress Appeal Form, my written statement, and any supporting documentation are accurate, true, and complete to the best of my knowledge. I will provide other information as requested by UAPB Student Financial Services. I realize that a final decision may not be made on my Satisfactory Academic Progress Appeal unless all steps above are complete and until I submit any additional information if requested by UAPB Student Financial Services. I understand any false information may be cause for the denial, reduction, and/or repayment of student financial assistance and may subject me to a fine, imprisonment, or both under provisions of the U.S. Criminal Code.

Student Signature & Date

*******FOR OFFICE USE ONLY*******

Current GPA	Required GPA	Total Hrs. Attempted	Pace %	Committee Action: Probation <input type="radio"/> Probation with an Academic Plan <input type="radio"/> Application is incomplete <input type="radio"/> Denied <input type="radio"/>
Reviewed By:	Comments			