SATISFACTORY ACADEMIC PROGRESS APPEAL

Credit Hour Recalculation

<table>
<thead>
<tr>
<th>Semester</th>
<th>Submit Appeal By:</th>
<th>For review by:</th>
<th>Last day to submit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2016</td>
<td>8/1/2016</td>
<td>Fall Tuition Deadline</td>
<td>9/30/2016</td>
</tr>
<tr>
<td>Spring 2017</td>
<td>1/3/2017</td>
<td>Spring End of Term</td>
<td>2/9/2017</td>
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</table>

If you believe the credit hours used in the Satisfactory Academic Progress review should be re-evaluated, you may have your Academic Advisor complete this form to establish current degree hours attempted / earned and or GPA recalculation.

If your credit hours /GPA are correct – you need to refer to the standard Satisfactory Academic Appeal form.

SECTION I: General Information (to be completed by the student)

Name ____________________________ EMPLID ____________________________
Please Print (First – Last)

Career (Circle): UGRD GRAD LAW MED
Major: ____________________________

Phone: ____________________________ Expected Grad Date: ____________

SECTION II: Statement of Appeal (to be completed by the student)

I am appealing cancellation of my financial aid for the following reasons: (check all that apply):
   ___Cumulative (including transfer) GPA is less than 2.0
   ___Did not successfully complete 70% of attempted hours
   ___Exceeded the maximum attempted hours for degree completion

Florida State University’s Use of Social Security Number policy is available at http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm
**SECTION III: Transcript Review**

**Academic Advisor/Dean’s Office:** to be completed by the Academic Advisor, Department Head, or Dean

We are requesting your assistance in assessing the student’s academic record. Please review the student’s transcript to document the following:

- Hours required for the current degree being sought
- Hours attempted toward the current degree
- Hours earned toward the current degree
- GPA for the current degree

The student is working towards the following degree:

<table>
<thead>
<tr>
<th>Degree Type</th>
<th>Course Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA/BS/BFA</td>
<td>MA/MS</td>
</tr>
<tr>
<td>SPECIALIST</td>
<td>Ph.D.</td>
</tr>
<tr>
<td>J.D. (LAW)</td>
<td>M.D. (MED)</td>
</tr>
</tbody>
</table>

Major: _____________________________________________________________

(1) Has the student completed all required courses for the degree being sought?   ____Yes   ____No

(2) Average Credit Hours required for current degree program being sought

(3) Student’s Attempted Hours towards current degree program

(4) Student’s Earned Hours towards current degree program

If transfer hours are included in the total Earned hours, please indicate the total Transfer hours applicable to the degree.

(5) Remaining credit hours needed to complete degree program requirements

(6) Timeframe for degree completion (expected graduation):

(7) Is the student working on more than one degree concurrently?   ____Yes   ____No

**Academic Advisor/Dean’s Office:**

Signature (Academic Advisor/Department Head/Dean): _____________________________________________________________

Print Name: ___________________________________________ Title/Department: _______________________________________

Phone number: ___________________________ Email: ___________________________

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