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>
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</thead>
<tbody>
<tr>
<td>Fall 2017</td>
<td>8/1/2017</td>
<td>Fall Tuition Deadline</td>
<td>9/29/2017</td>
</tr>
<tr>
<td>Spring 2018</td>
<td>1/5/2018</td>
<td>Spring End of Term</td>
<td>2/8/2018</td>
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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:

BA/BS/BFA_________ MA/MS _________ SPECIALIST _________ Ph.D. _________
J.D. (LAW) _________ M.D. (MED) _________ 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. **

Total Hours Earned: ___________ Transfer Hours Toward Degree: ___________

(5) Is the student working on more than one degree concurrently? _____Yes _____No

(6) Remaining credit hours needed to complete degree program(s) requirements __________

(MAJOR AND ANY REQUIRED MINOR - including current term):

(7) Timeframe for completion of degree(s) (expected graduation): Term: _____ Year: _____

Academic Advisor/Dean’s Office:

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

Print Name: _______________________________ Title/Department: _______________________________

Phone number: ____________________ Email: ______________________________

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