SATISFACTORY ACADEMIC PROGRESS APPEAL Instructions for Appeal *Based on Circumstance*

1. Read all instructions, fill out the form completely and sign and date the appeal.

2. In order to appeal the denial of your continued financial aid eligibility resulting from not complying with the Satisfactory Academic Progress standards, you must complete a Satisfactory Academic Progress (SAP) Appeal, and submit ALL required supporting documentation. For more information about the Florida State University's academic progress requirements to receive financial aid, please see:

http://financialaid.fsu.edu/Resources/Satisfactory-Academic-Progress-Policy.

Appeals submitted without all required documentation will be regarded as incomplete and denied. The following must be submitted as part of the appeal:

- ▶ Explanation of extenuating circumstances why you did not meet Satisfactory Academic Progress Standards. Your written statement must include a description of the problem/incident indicating dates and time periods involved, as well as the impact on your academic performance.
 - > Supporting documentation: Documentation supporting the circumstances indicated should be included in the appeal, unless such documentation has already been provided to the university in support of an academic withdrawal or is on file with your dean/department/ or the Victim Advocate Program. If documentation has been provided to another office, please indicate such and we will coordinate to review the documentation.
- ▶ Explanation of what has changed or what is changing to allow you to meet Satisfactory Academic Progress.
- ► Academic Plan (to be completed by an academic advisor) You should meet with your academic advisor to determine what courses/course load you should take to meet satisfactory academic progress (SAP) standards. If you can meet SAP in the next term, then the advisor just needs to indicate such at the top of the Academic Plan form. If it will take more than one semester to meet SAP, then an Academic Plan should be completed, either in CIVITAS (FSU online system) or documentation can be provided on the form.
- 3. Submit the completed appeal with all supporting documentation to the Florida State University, Office of Financial Aid, 228 Stadium Dr. UCA 4400 Tallahassee, FL 32301-2430. Appeals can also be submitted through the FSU Dropbox via dropbox@fsu.edu -- send to ofacs@fsu.edu

Academic Progress Petition Deadlines

Semester	Submit Appeal By:	For review by:	Last Day to Submit:
Fall 2019	7/15/2019	Fall Tuition Deadline	10/11/2019
Spring 2020	12/1/2019	Spring Tuition Deadline	2/22/2020
Summer 2020	4/15/2020	Summer Tuition	7/15/2020

Note: Late appeal submissions are subject to federal regulations with regard to the awarding and/or disbursement of financial aid funds.



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Fall 2019	7/15/2019	Fall Tuition Deadline	10/11/2019		
Spring 2020	12/1/2019	Spring Tuition Deadline	2/22/2020		
Summer 2020	4/1/2020	Summer Tuition Deadline	7/10/2020		

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

Please Prin	t (First – La	st)			
Career :	UGRD	GRAD	LAW	MED	Major:
Phone:					Expected Grad Date:
SECTION	II: Staten	nent of Ap	peal (to I	e complete	d by the student)
• • •	•		•		following reasons: (check all that apply):
		•	_	•	than 2.0 for undergraduate or 3.0 for graduate mpted hours
		•	•		for degree completion
	Second	Appeal			
			•		mic Plan requirements
	Additio	nal Circums	tances/Dod	cumentation	not previously provided

Name _____ EMPLID ____

SECTION III: Explanation (to be completed by the student) *Both questions must be answered and appropriate documentation must be submitted.* 1. Describe extenuating circumstances of why you did not meet Satisfactory Academic Progress Standards. (Attach extra sheet if necessary.) 2. Explanation of what has changed or is changing to allow you to meet Satisfactory Academic Progress Standards and complete your degree program. (Attach extra sheet if necessary.)

Printed Name

Date

Student's Signature

Student's Name	FSU EMPLID:
SECTION IV: Academic Plan :To be completed by the Academi	c Advisor or Dean's Office
We are requesting your assistance in assessing the student' Academic Plan in consultation with the student.	s academic record. Please develop the
Mark here if the student should be able to me next term and sign the end of the form.	et SAP standards at the end of the
Mark here if the student will need more than	one term to meet SAP standards.
UGRD only Mark here if the Academic Undergraduate Degree Progress tool. Please to submit with this appeal, or scan and save Sign end of form.	print a copy and provide to the student
GRAD only Mark here if the Academi Student Tracker (GST). Sign end of form.	c Plan is recorded in the Graduate
Mark here if completing the Academic form.	Plan on final page. Sign the end of the
Section V – Part 1	
Academic History:	
(1) Has the student completed all requirements for the deg any required internships, thesis projects, dissertation hours Yes No	
(2) Remaining credit hours needed to complete degree prog	ram requirements (inclusive of all
requirements listed above):	
(3) Projected graduation term: Term Year	
(4) Is the student seeking a double major, a dual degree, or i Entry Pathway or a Joint Degree Pathway Yes No	s student in a Combined Pathway program, A Direct

If yes, please complete a separate Academic Plan for each major or degree

Prefix Course #	Indicate if Specific	credit hours	Term		Prefix Course #	Indicate if Specific	credit hours	Term
	Grade is required	per class				Grade is required	per class	
						<u> </u>		
				1				
dent:		atte	st that all inf	orm	ation provided is true and	l complete ar	nd Lagree to	and underst
at I must abide by the	Academic Pla				my academic advisor. I a			
n, I will lose eligibility	for financial a	aid.						
ıdent's Signature:					_ Date:			
ademic Advisor/Dear	o's Office:							
dueillic Auvisor, Dear	i s Office.							
I certify that I have sp	oken with the	student in	regards to h	is/h	er Academic Plan and prov	vided the stud	lent with ac	cess to a
y of the completed pl	an.							
nature (Academic Adv	/isor/Departm	nent Head	Dean):					
it ivallie:				HILLE	e/Department:			
one number:			Emaile					

Academic Plan – Section IV – Part 2 (Please complete below only if not using the undergraduate Degree

Student's Name_

EMPLID:_