



## SATISFACTORY ACADEMIC PROGRESS APPEAL

A student who begins class attendance in any semester but fails to meet the requirements for Satisfactory Academic Progress (SAP) may request a review of their eligibility. The request must be complete, accurate, and include detailed and specific information for a decision to be made.

**Supporting documentation must be on the appropriate letterhead and attached to the appeal form. Your statement should include the corrective actions/solutions you have taken to ensure you are able to continue your education and successfully meet the SAP standards.**

Each request will be considered on an individual basis. The student's entire academic and financial aid history will be evaluated along with the written appeal and supporting documentation. Read the guidelines below to decide whether you have an extenuating situation that would warrant an appeal review. Generally, approved appeals can be categorized as emergencies or circumstances that are beyond your ability to control.

Deficiencies in credits earned and/or GPA that are the direct result of one of the 4 conditions below may be appealed.

### **Conditions that may be considered for appeal:**

1. Death or serious illness of an immediate family member.
2. Prolonged hospitalization or confinement at home for reasons that resulted in required extended absences from classes.
3. A one-time emergency situation that impacted your ability to continue your education or affected your academic success for a short, specified period.
4. Situations for which you had no valid choice other than to interrupt your education.

### **Reasons that will not be approved:**

1. Lack of knowledge or understanding of the "satisfactory academic progress" standards.
2. Dropping below the minimum credit requirement.
3. University grade point average is below the minimum requirement: 2.0 undergraduate, 3.0 graduate.
4. Medical appeals based on long-term or chronic conditions that were known and existed before financial aid was accepted and received.
5. Medical appeals for illness or hospitalization for dates that do not correspond to the semester of sub-standard progress.
6. Any reason for which you filed a previous appeal.
7. Discretionary decision to withdraw from the University.

After the request is reviewed, you will be notified by mail of the decision. If your appeal is denied and/or you feel there is additional information that was not considered, you may request an interview with the Interim Associate Director. The final level of appeal is a personal interview with the appeal committee.

In compliance with federal regulations, if you completely withdraw from all your classes and/or received zero credit for the semester, your financial aid is subject to a process called Return of Title IV Funds. In such situations, you may be liable for repayment of some or all of the financial aid that was disbursed to you for that semester. If you received financial aid for the semester then you withdrew or received zero credits, you may receive a bill from the University. Return of Title IV Funds is a separate and distinct process and any amount of repayment for which you are responsible cannot be appealed. Please read the Return of Title IV Funds policy.

# SATISFACTORY ACADEMIC PROGRESS APPEAL

Current Academic Year: \_\_\_\_\_ Semester/Year in Which the Academic Deficiency Occurred: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: R\_\_\_\_\_

Address: \_\_\_\_\_  
No. Street Apt. City State Zip Code

Local Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ University E-mail Address: \_\_\_\_\_@unr.nevada.edu

**All the documents must be attached to this form.**

1. Your detailed statement: provide specific dates and fully describe what occurred and how this situation affected your academic performance. Include the preventative steps you have taken to ensure you will be able to meet the SAP standards in the future.
  
2. Your supporting documentation on letterhead, such as:
  - Statement(s) from instructor(s) as applicable.
  - Statement(s) from physicians, hospitals, therapist, police reports, death certificate etc., as applicable.
  - Statement(s) from support members, court documentation etc., as applicable.

**Certification:** I certify that the information is accurate and complete. I have attached all appropriate documentation to verify what I have stated. I understand that my appeal will be evaluated based on that documentation. Any false information may be cause for denial, reduction, and/or immediate repayment of all aid. If I am required to repay financial aid as a result of the federal regulations regarding my discontinuation of class attendance, I acknowledge I am liable for the repayment. The repayment cannot be waived even when the appeal is approved for deficiencies in GPA or credit completion.

\_\_\_\_\_  
Student Signature Date

**OFFICE USE ONLY**

⇒ Approved                      ⇒ Disapproved                      ⇒ Incomplete                      ⇒ Pending

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAO Initials 1: \_\_\_\_\_ FAO Initials 2: \_\_\_\_\_ FAO Initials 3: \_\_\_\_\_

Date 1: \_\_\_\_\_ Date 2 revised: \_\_\_\_\_ Date 3 revised: \_\_\_\_\_

SSN \_\_\_\_\_