Summer 2019  
Satisfactory Academic Progress (SAP) Appeal  
Deadline: June 14, 2019*  
*Completed appeal form and all required documentation must be received no later than June 14, 2019.

The Office of Student Financial Aid has established an appeal process for students whose aid has been suspended due to the failure to meet Satisfactory Academic Progress requirements. Reasons for a review of your record may include extenuating circumstances such as: medical issues, death in the family, or other family crisis. **You must submit documentation to support your particular situation (i.e. hospital bills, letter from doctor, obituary, etc.).** Submitting an appeal does not guarantee approval. If your appeal is not approved, you will be ineligible for financial aid, previously awarded aid for Summer 2019 will be cancelled, and you will be responsible for your University charges.

**Section A:** (please print)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>UIN</th>
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<tr>
<th>Current Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Telephone

☐ Undergraduate ☐ Graduate ☐ Law ☐ Vet Med

**Section B:** (please type or print clearly)

Please explain why you were previously unable to meet Satisfactory Academic Progress requirements. Be specific as to what factors caused your academic difficulties. Also, moving forward, indicate how you will improve your academic performance. Outline the changes you might have made in your personal, social, or economic situation that will allow you to improve your future academic success. Additional sheets may be attached if necessary.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

**Section C:**

I certify that the information given on this form and on any attached pages is true and accurate.

Student's Signature  
Date

www.osfa.illinois.edu  
finaid@illinois.edu  
Fax (217) 265-5516
Section D: (To be completed by your college Academic Advisor after section A, B and C are completed. You must review your academic plan with your Academic Advisor.)

This student is pursuing an appeal through the Office of Student Financial Aid regarding his/her Satisfactory Academic Progress (SAP). This form must be completed and the student’s appeal must be reviewed before their eligibility for aid can be determined.

In completing this form and discussing the student's academic improvement plan, please remember, financial aid SAP standards are not equal to College/Department progress standards.

<table>
<thead>
<tr>
<th>Degree Audit Information</th>
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<tr>
<td>Current Primary Major/Minor</td>
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<tr>
<td>Total hours required by College to complete the Degree</td>
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<tr>
<td>Number of hours student is enrolled in for the semester</td>
<td></td>
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<tr>
<td>Number of hours student still needs to graduate (not including current enrolled semester hours)</td>
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<tr>
<td>Anticipated Date of Graduation</td>
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I have reviewed the student’s academic progress and am working on a plan of study with the student that, if followed, will allow him/her to successfully meet degree requirements. □ YES □ NO

If you feel there is additional information our office should be aware of as we review the student's appeal, please use the space below or attach a separate statement. Please feel free to include any additional information which could assist us in evaluating the student’s appeal. If the student is approaching completion of their academic program, provide very detailed information about remaining degree requirements and needed timeframe for completion of these requirements.

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Academic Advisor’s Signature                                      Date

Academic Advisor’s Name (please print)                  E-mail Address

Academic Advisor’s College or Department          Campus Telephone