

**Fall 2019**  
**Satisfactory Academic**  
**Progress (SAP) Appeal**  
**Priority Deadline: August 30, 2019**

\*Completed appeal form and all required documentation must be received **no later than November 20, 2019**.

**ILLINOIS**  
**Office of Student Financial Aid**  
University of Illinois at Urbana-Champaign  
620 East John Street - MC 303  
Champaign, IL 61820-5712  
Fax (217) 265-5516 Phone (217) 333-0100

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 Fall 2019 will be cancelled, and you will be responsible for your university charges.**

**Section A:** (please print)

Last Name	First Name	M.I.	UIN	
Current Address	City	State	Zip Code	
( )				
Telephone				
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Law	<input type="checkbox"/> 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.

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**Section C:**

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

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.**

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Student Last Name	Student First Name	Student M.I.	Student UIN
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<b><u>Degree Audit Information</u></b>	<b>(Please complete all fields)</b>
Current Primary Major/Minor	
Total hours required by College to complete the Degree	
Number of hours student is enrolled in for the semester	
Number of hours student still needs to graduate (not including current enrolled semester hours)	
Anticipated Date of Graduation	

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.

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Academic Advisor's Signature	Date
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Academic Advisor's Name (please print)	E-mail Address
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Academic Advisor's College or Department	Campus Telephone
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