

Office of Student Financial Services

One University Boulevard 327 Millennium Student Center St. Louis MO 63121-4499 Telephone: 314-516-5526

Fax: 314-516-5408 Email: financialaid@umsl.edu www.umsl.edu/services/finaid

Graduate Satisfactory Academic Progress (SAP) Appeal AY 2021-2022

Directions: In order to appeal a financial aid suspension, you must complete this form and attach any supporting documentation. At a minimum, a statement must be attached to all appeal forms explaining why your academic performance did not meet the policy outlined on our website, and what will be done differently to achieve academic progress with your program. Please type directly on this fillable Appeal form. Documentation consists of letters, photocopies of bills or official reports, or other information from third-party sources which support your appeal. In order to process your appeal, all supporting documentation MUST be attached.

Please return this form to your Academic Advisor, or Graduate Program Director via email or fax by the deadline stated in your SAP communication.

Name		Student	ID#	
Addres	SS			
City		State	Zip	
Phone	Number			
Degree	e Objective:			_
Anticipated Graduation Date:		Hours needed to complete degree:		
Have y	ou submitted a previous appeal?	If yes, what year?		
1)	Check the semester you are req Fall 2021	uesting reinstatement of Spring 2022	your financial aid eligibility	Summer 2022
2)	Intended semester of graduation Fall 2021	n: Spring 2022	Summer 2022	Other/Later
SAP P	A: I have failed to maintain a B: I have failed to complete 5 C: I have exceeded 150% se D: Other (explain below or in space below, explain why you faile olicy, according to one or more of	credit hours/ semester (\$ mester hours for the degree supplemental documents and to meet the requirements	Semester Hour Completior ree (Maximum Timeframe b) hts of the University of Mis	n Rate requirement) requirement) souri in St. Louis (UMSL)'s
	of recommendation. The following statements to acknow	vledae vour understandin	a of the requirements of su	ubmitting this SAP Appeal
form:	I have read and understan	nd UMSL's Satisfactory A	-	
	I understand that the SAP stances (circumstances beyond th		dents impacted by excepti	onal or extenuating
	I understand that the officing the circumstances stated above.			emic SAP Appeals as
applica	I understand that the followable):	wing additional document	ation is required in support	t of my appeal (as

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Graduate Satisfactory Academic Progress (SAP) Appeal form (this form), completed in full and signed by my advisor and myself.
A Degree Program Advising Plan form signed by my Graduate Advisor or Graduate Program Director. A Probation Plan signed by my Academic Advisor or Graduate Program Director.
I understand that I must be fully admitted to a degree program and that I am only permitted to register for courses that are required by my current degree program, and that I must comply with the Degree Program Advising Plan created by my Academic Advisor.
I understand that, if my appeal is approved, I will be placed on "Probation" and must successfully complete all coursework and achieve a minimum Cumulative GPA of 3.0 to avoid suspension of my financial aid. While on probation, I am required to coordinate with my Advisor to ensure a Degree Plan is entered into Starfish listing my courses needed for me to complete the program.
I certify that all information provided is true and accurate to the best of my knowledge. I understand that submitting this appeal is not a guarantee that my aid eligibility will be reinstated, and that I am still responsible for all accrued debts not covered by financial aid, including any late fees that may have been incurred during the review process.
Student Name [typed]
Cumulative GPA (minimum satisfactory GPA is 3.0 for graduate students) Student's current cumulative GPA:
Number of credits required for current degree program:
Additional comment:
Advisor Signature:
Date://
Dr. Teresa Thiel, Dean of UMSL Graduate School:
Date://