

**FEDERAL SATISFACTORY ACADEMIC PROGRESS APPEAL FORM**

You may appeal your financial aid satisfactory academic progress (SAP) status if unusual circumstances interfered with your ability to meet SAP standards. Review the enclosed copy of Ursuline College’s Standard of Academic Progress Policy. We strongly advise that you meet with your academic advisor to discuss your academic progress. Appeals will be approved or denied based on your documented circumstances which may have prevented you from making SAP toward your degree. You will be notified of the result of this appeal in writing. If your petition is approved, you may be required to meet with your academic advisor to develop an academic plan. If your appeal is denied, your financial aid will be cancelled, and you will be responsible for any balance due created by that cancellation. **This appeal is for financial aid reinstatement only.**

**Semester you are requesting reinstatement of financial aid is:** Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

\_\_\_\_\_  
 Name (please print) \_\_\_\_\_  
 Student ID

Major: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Credit hours Attempted at UC: \_\_\_\_\_ Credit hours Earned at UC: \_\_\_\_\_

Transfer Hours (*applied toward degree*): \_\_\_\_\_ Credit hours Required for Degree: \_\_\_\_\_

Major Advisor Name: \_\_\_\_\_ Room #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Cumulative GPA or Minimum Required Completion of Attempted Credit Hours:**

If you are not meeting the SAP requirement for Cumulative Grade Point Average or completing 70% of your attempted hours, please respond to the following:

1. Please explain in detail the nature of your academic difficulties for GPA and/or Percent Completion earned (indicate reasons such as medical, family, personal, etc.) Attach appropriate supporting documentation.
  - a. Death in your immediate family (parent, grandparent, sibling, spouse, or children) only; aunts, uncles, nieces, nephews, cousins, or friends will not be considered. Must submit an original death certificate; an obituary is not acceptable.
  - b. Auto accident – Must submit original police report and/or letter from physician on official letterhead.
  - c. Serious Medical illness/hospitalization – Must submit a letter from physician on official letterhead explaining illness and length of treatment that kept you from attending classes.
  - d. Divorce – Must submit copy of divorce decree or letter from an attorney.
  - e. Personal problems or issues with your spouse or family, please attach a statement from a doctor, counselor, lawyer, or other professional third party on official letterhead.
2. State why you believe it is possible for you to improve your past academic performance, and what corrective actions you have taken to improve your performance. Indicate what plans you have implemented that will prevent this from happening again.

**Maximum Time Frame:**

If your academic records indicate that your attempted hours exceed 150% of the minimum credit hours required for your program, please complete the following information:

1. Indicate the term you anticipate completing your degree requirements: \_\_\_\_\_
2. Explain in detail why you have not yet completed your degree requirements. Attach appropriate supporting documentation.

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

*Mail or drop off this form, your written statement, and original supporting documentation to: Ursuline Collete, Student Service Center, Mullen, Room 203, 2550 Lander Road, Pepper Pike, Ohio 44124*