



Satisfactory Academic Progress Appeal Form/Academic Plan

Office of Student Financial Aid and Scholarships
1200 Commercial, Campus Box 4038, Emporia, KS 66801-5087
Phone: (620) 341-5457 or 1-800-896-0567 Fax: (620) 341-6088
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RETURN THIS APPEAL BY THE 5TH DAY OF CLASS FOR FALL/SPRING OR BY THE 2ND DAY OF CLASS FOR SUMMER.

Student Name _____		Student ID # _____	
Current Address _____	City _____	State _____	Zip Code _____
Current Phone _____	Degree _____	Major _____	Advisor _____
Anticipated Graduation Date _____	I am seeking reinstatement for the _____ semester.		

Steps you need to take

1. Complete the **Student Section** below.
2. Attach detailed statement telling us why you were unable to earn the required number of hours and/or the cumulative grade point average for which your financial aid was awarded. **Explain your plan to correct your satisfactory academic progress deficiency; include which classes you plan to repeat and what kind of grades you need to earn.** Your plan can cover more than one term.
3. Have your academic advisor complete the **Advisor Section** on the reverse. Your advisor must support your academic plan (Step 1) to correct your satisfactory academic progress deficiency in order for your appeal to be considered.
4. Attach a copy of your current unofficial academic transcript available on *BuzzIn* (Academic Life tab) or in the Transcript Records Office, Plumb Hall 108. If transferring hours, please attach your transfer school's unofficial transcript.
5. Return the completed form and documentation to the address provided on the reverse. When we reply to you, we will use the information you provided us at the top of this form. **We will return the form to you if you do not thoroughly complete steps 1, 2, and 3.**

STUDENT SECTION

PART I – IDENTIFYING YOUR INDIVIDUAL CIRCUMSTANCE(S)

____ 1. **INSUFFICIENT CREDITS AND/OR CUMULATIVE GPA:**

I have special circumstances that prevented me from making satisfactory progress:

- a. ____ Personal problems (family issues, relationship issues)
- b. ____ Serious injury or illness requiring extended recovery time *
- c. ____ Death or serious illness of an immediate family member *
- d. ____ Significant trauma that impaired my emotional and/or physical health *
- e. ____ Other mitigating circumstances requiring documentation *
- f. ____ Academic major changes
- g. ____ Other _____

*Documentation required. (Ex. Physician statement, death certificate, obituary, letters from involved third parties such as doctors or therapists, etc.) *Please list the documentation you are attaching to this form below:

____ 2. **180 HOURS EXCEEDED (UNDERGRADUATES) OR 60 HOURS EXCEEDED (GRADUATES)**

The standard maximum time frame provides for some delays, such as changes in major, dual majors and dual degree programs. Lack of adequate progress does not, in itself, justify extending the time frame. **Documentation, including degree audit or plan from an academic advisor is required, outlining coursework remaining and when you will finish (please see Advisor Section).**

____ 3. **I HAVE COMPLETED A FULL-TIME SEMESTER ON MY OWN RESOURCES**

Successful completion of a full-time semester of enrollment means that as an undergraduate you have successfully completed 12 semester hours or as a graduate you have successfully completed 7 hours graduate credit, paying with own resources. Courses assigned grades of Failed, Unsatisfactory, Incomplete, Audited or Withdrawal are not acceptable. **If courses have been taken at another institution,** you must submit an official grade report or transcript with your appeal.

STUDENT SECTION

PART II – PROVIDE FURTHER DETAIL ABOUT YOUR CIRCUMSTANCE(S)

Complete ONLY if you checked 1 or 2 on PART I

1. Attached typed statement explaining in detail what circumstances led to your not maintaining satisfactory academic progress and what steps you are planning to take to correct your satisfactory academic progress deficiency. Please be specific and as detailed as possible.

ADVISOR SECTION III

ADVISOR RECOMMENDATION FOR FINANCIAL AID PROBATION PERIOD (Complete this section with your academic advisor.)

- Must attain a minimum of 2.0 term gpa (undergraduate student) until cumulative GPA reaches a 2.0
- Must attain a minimum of 3.0 term gpa (graduate student/teacher licensure student) until cumulative GPA reaches a 3.0
- Enroll in a maximum of _____ hours for the _____ semester
- Repeat the following courses _____ semester:

- Other advisor recommendations :

Academic Advisor's Signature / Date

I have read and understand the following:

- 1) The Financial Aid Office will not accept any Satisfactory Academic Progress appeal/plan that is incomplete or lacks documentation.
- 2) I may be called to appear before the committee.
- 3) Decisions are made on a case-by-case basis and the decision of the Satisfactory Academic Progress Committee and/or Financial Aid Director is final.
- 4) I have read and understand the ESU Satisfactory Academic Progress Policy which is available online at www.emporia.edu/finaid/forms
- 5) I further understand by not making Satisfactory Academic Progress that I am at risk of exceeding the maximum time frame allowed for degree completion for my program of study which could result in loss of student loan and Pell grant eligibility.
- 6) As an undergraduate student, I must achieve a 2.00 term GPA during my academic probation period, to be continued on probation until the 2.00 cumulative GPA and the required 67% completion rate is achieved. Failure to do so will result in suspension.
- 7) As a graduate student or teacher licensure student, I must achieve a 3.00 term GPA during my academic probation period, to be continued on probation until the required cumulative GPA and the required 67% completion rate is achieved. Failure to do so will result in suspension.
- 8) If the required cumulative GPA and the required 67% completion rate for good academic standing is met, I will be removed from probation.
- 9) I understand the recommendations listed in the Advisor Section above.

Student Signature

Date

For Office Use Only: