EMPORIA STATE
UNIVERSITY

■ FINANCIAL AID, SCHOLARSHIPS, &
VETERANS SERVICES

2020-2021 Satisfactory Academic Progress Appeal Form/Academic Plan

Campus Box 4038, 1 Kellogg Circle, Emporia, KS 66801-5415
Phone: (620) 341-5457 or 1-800-896-0567 Fax: (620) 341-6088
finaid@emporia.edu

_____   _____
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.

Is this your first appeal? ____ Yes ____ No   **If No, when was your last appeal?**_____

Instructions:

1. Select the reason(s) for your appeal below:
   - ☐ **Grade Point Average (GPA) is below the minimum requirement**
        i. **My current GPA is _____.**
   - ☐ **Pace (Completion Rate): My overall completion rate is below 67%.**
   - ☐ **Failing and/or Withdrawing from all courses in which you were enrolled.**
   - ☐ **Maximum Timeframe:** I have exceeded the Satisfactory Academic Progress policy for the maximum timeframe for my degree.
        i. **Number of credit hours needed to graduate: _____**
   - ☐ **I have successfully completed and paid for a semester on my own resources as defined in the Satisfactory Academic Progress policy.**
        i. Attach **official** transcript if courses were taken at another institution
2. Attach all of the following **required** documents: (*Incomplete appeals will not be considered*)
   - ☐ **Typed statement of explanation of extenuating circumstances**
        i. Provide a typed, detailed statement of what circumstances led to you not maintaining satisfactory academic progress, how the circumstances affected your coursework, and what has been done to prevent these reoccurrence of deficiency in the future.
   - ☐ **Supporting Documentation**
        i. Submit documentation to confirm your circumstances. (e.g. letter from physician or counselor, death certificate, obituary, court documents, police reports, medical claims)
   - ☐ **Degree Plan** *(Maximum Timeframe Suspension only)*
        i. Complete the degree plan on the third page of this appeal that lists the required courses left for you to take for your degree, in which semesters you will take them, and when you will graduate. The degree plan must be signed by you and your academic advisor.
3. Advisor Section
   - ☐ Have your academic advisor complete the **Advisor Section** on the reverse side. Your academic advisor must support your plan to correct the deficiency in your progress.
4. Submit your appeal and supporting documents to the Office of Financial Aid, Scholarships, & Veterans Services. (*Incomplete appeals will not be considered*). Processing cannot begin until all requested documentation has been received.

TERM	PRIORITY DATE TO SUBMIT	DEADLINE
Summer 2020	May 18, 2020	5th day of your first class
Fall 2020	August 17, 2020	August 21, 2020
Spring 2021	January 20, 2021	January 26, 2021

ADVISOR SECTION

ADVISOR RECOMMENDATION FOR FINANCIAL AID PROBATION PERIOD/ACADEMIC PLAN (Complete this section <u>with your academic advisor</u>.)

☐   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)   I may be called to appear before the Satisfactory Academic Progress Committee.
2)   I have read and understand the ESU Satisfactory Academic Progress Policy which is available online at www.emporia.edu/finaid/forms
3)   I understand the recommendations listed in the Advisor Section above.
4)   I understand that I am responsible for meeting payment deadlines while waiting on an appeal decision, decisions are made on a case-by-case basis, and that approval is not guaranteed.

_____   _____
Student Signature   Date

Digital and electronic signatures are not acceptable.

Satisfactory Academic Progress - Degree Plan *(Maximum Timeframe Only)*

_____   _____
Student Name   Student ID #

_____   _____   _____
Degree   Major   Anticipated Graduate Date

Semester:_____

Course Number		Title	Cr. Hrs

Semester:_____

Course Number		Title	Cr. Hrs

Semester:_____

Course Number		Title	Cr. Hrs

Semester:_____

Course Number		Title	Cr. Hrs

Semester:_____

Course Number		Title	Cr. Hrs

Semester:_____

Course Number		Title	Cr. Hrs

Semester:_____

Course Number		Title	Cr. Hrs

Semester:_____

Course Number		Title	Cr. Hrs

_____   _____
Student's Signature **(Required)**   Advisor's Signature **(Required)**

                                            _____
                                            Advisor's Printed Name