Satisfactory Academic Progress Appeal
Student Checklist

Student’s Name: ___________________________ Student’s ID Number: ______________
Seeking Appeal to receive student aid for term: ________________________________

Checklist
Please attach the following for consideration of your SAP appeal:

☐ A detailed explanation of your special circumstances.
☐ Any and all supporting documents associated with the appeal (i.e., medical documentation, death notice of family member, etc.).
☐ A letter from your academic department confirming your academic standing within the school and that you will be able to graduate within 150% of the published length of your academic program.
☐ Contact the Office of Registrar to have graduation date updated.
☐ If you previously took a leave of absence, you must complete the Loan Exit Counseling Session as required by federal regulation. Visit https://studentloans.gov complete the counseling, and allow up to 24 hours to be removed from your Student Center To Do List.

Process
After all items on the checklist above are received, appeals are reviewed by the Financial Aid Committee. Students are notified of the committee’s decision via their LiveMail email address and arrangements will be made at this time to meet with a Financial Aid Counselor to review the details of your appeal. Please allow at least 5-8 business days for review during the semester (may take longer during peak processing cycles).

A student who has an appeal approved will work with their financial aid counselor to develop an academic plan that must be followed in order to continue to receive student aid. The academic plan will list requirements that must be followed by the student. Failure to follow all requirements will result in immediate forfeiture of future financial aid.

Financial aid disbursements may be delayed as a result of this process and you may need to make payment arrangements with the Office of the Bursar.

Appeal Student Acknowledgments - KEEP A COPY FOR YOUR RECORDS.

Your signature on this document confirms your acknowledgement of the following:

* If my appeal is DENIED - by signing below I understand that decisions are processed on a case-by-case basis and the committee may deny any SAP appeal. I also understand that the decision of the appeal committee is final.
* By signing below, I acknowledge and confirm that the above information is complete and correct.

Student’s Signature: ___________________________ Date: __________________________

The UTHSCSA is an Equal Opportunity/Affirmative Action Institution. Pursuant to the Americans with Disabilities Act, if you require this information in an alternative format please contact the Office of Veteran Services and Financial Aid for assistance.