

NAME: _____ SID: _____

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM
(Level I, Office of Financial Aid)

- **This appeal needs to be completed and returned to the Office of Financial Aid no later than one week after the first day of class of the semester in which you seek financial aid. BE PREPARED TO PAY YOUR BILL. Your bill may be due prior to the decision of this appeal.**
- **You may only submit a Satisfactory Academic Progress (SAP) Appeal for documented extenuating circumstances**, such as serious illness or injury that required extended recovery time, death or serious illness of an immediate family member, or other acceptable documented circumstance as outlined in the *Examples of Extenuating Circumstances and Supporting Documentation*.
- If you are noncompliant with maximum time frame standard, you must specify only the course work necessary to obtain the degree. Extensions are not granted if you are attempting to reach a specific grade point average necessary for graduation.

For a complete appeal, you must submit the following:

- *Level 1 Satisfactory Academic Progress Appeal Form*
- *Student Statement Form*
- Supporting Documentation
- *Academic Plan for Progress*

Step 1: Identify your area(s) of non-compliance.

Qualitative: Required Shepherd AND Cumulative GPAs: Undergraduate = 2.0 and Graduate = 3.0

Current Shepherd GPA: _____ Current Cumulative GPA: _____

Quantitative: Required Completion Rate: Undergraduates = 70% and Graduate = 75%

Total Passed Hours: _____ ÷ Total Attempted Hours: _____ = Completion Rate: _____ %

To find Qualitative and Quantitative information:

Log on to RAIL • Student • Student Records • View/Print Unofficial Academic Transcript • Information at bottom of transcript

Maximum time frame: Required time frame for degree completion within 150%

128 credit hours = 192 attempted hours; 120 credit hours = 180 attempted hours

36 credit hours = 54 attempted hours; second undergraduate degree = 60 attempted hours

1st Baccalaureate Degree 2nd Baccalaureate Degree 1st or 2nd Master's Degree

Total number of credit hours required for degree objective: _____

Total number of attempted credit hours (including ALL transfer work): _____

Total number of additional attempted credit hours to achieve graduation: _____

Step 2: Student Statement. Submit a detailed statement, **along with supporting documentation**, which includes:

1. Why you failed to meet the Satisfactory Academic Progress policy;
2. What actions you have taken to ensure you will be compliant (good intentions and aspirations alone are not sufficient).

Step 3: Level I—Academic Plan for Progress. *To be completed WITH an Academic Advisor.*

NAME: _____ SID: _____ PHONE: _____
 EMAIL: _____@rams.shepherd.edu Anticipated Graduation Date: _____
 Semester(s) which you are requesting financial aid: Fall Spring Summer I or III Summer II
 Major: _____ Advisor: _____

Semester 1: ___ Summer I ___ Summer III ___ Summer II ___ Fall ___ Spring

Subject	Course #	Credits	Minimum Grade Recommended	Repeat per 60 hour rule
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Minimum Required for Progress for this Semester: GPA _____ and / or Hours Passed _____ %
 Comments: _____

Semester 2 (Optional): ___ Summer I ___ Summer III ___ Summer II ___ Fall ___ Spring

Subject	Course #	Credits	Minimum Grade Recommended	Repeat per 60 hour rule
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Minimum Required for Progress for this Semester: GPA _____ and / or Hours Passed _____ %
 Comments: _____

Semester 3 (Optional): ___ Summer I ___ Summer III ___ Summer II ___ Fall ___ Spring

Subject	Course #	Credits	Minimum Grade Recommended	Repeat per 60 hour rule
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Minimum Required for Progress for this Semester: GPA _____ and / or Hours Passed _____ %
 Comments: _____

I understand that I must meet the **Minimum Required for GPA and/or Hours Passed %** for **each** semester above to be eligible for financial aid. Prior to altering my plan, I will contact the Academic Advisor/Campus Official *and* the Office of Financial Aid. I understand that if I do not, further eligibility for financial aid may be denied.

 Student Signature Date

 Academic Advisor/Campus Official Signature Date

 Department

 Academic Advisor/Campus Official Printed Name