

Satisfactory Academic Progress (SAP) Appeal Student Financial Services PO Box 800 Ward Edwards 1100 Warrensburg, MO 64093 Office 660-543-8266 Fax 660-543-8080 Email for documents only <u>financialassistance@ucmo.edu</u>

SAP

Student's Name_ Please print. 700

Student's Local/Campus Mailing address_____

Student's Preferred Telephone number (______)

Deadlines for submitting appeals: Fall Semester 2024 – 8/19/2023 Spring Semester 2025 – 1/13/2025 Summer Semester 2025 – 6/15/2025

The UCM Standards of Satisfactory Academic Progress may be reviewed at <u>https://www.ucmo.edu/future-students/financing-your-education/financial-aid-policies/</u>

Your appeal should explain in as much detail as possible why you failed to meet one or more of the UCM Standards of Satisfactory Academic Progress. Your appeal must be specific and complete. In accordance with federal law, appealing by telephone or in person is not permitted.

Explain any personal, family, or economic circumstances you believe impacted your ability to meet the standard(s). Circumstances may include:

- Illness or injury (you, your spouse or child)
- death of a close family member
- family difficulties (divorce, separation, etc.)

Documentation **MUST** be provided to explain the circumstances described in your written appeal. The following are examples of documents that may apply to your situation:

- signed statements from counselors, instructors, doctors or other professionals on their letterhead
- copies of benefits statements or medical bills
- death or birth certificates
- legal documents
- copies of repair bills

Appeals must document true hardships that caused you to perform poorly in class. Failure to attend class, purchase books/materials, etc. are not considered grounds for an appeal. You must also explain how you plan to ensure you'll meet the Standards of Satisfactory Academic Progress in the future, if the privilege of receiving federal financial aid is restored to you.

(Continue on a separate sheet, if necessary.)

When do you expect to graduate/complete your **current** UCM degree? Month_____Year____

Student Certification (please initial in the space provided.

_____I have attached or enclosed documentation required to support my appeal.

- _____I understand I will be notified within 10 business days, via my UCM email account, whether my appeal has been granted or denied.
 - _____I understand this appeal, if approved, is only valid for one semester. I understand failure to meet the standards after this semester will result in loss of financial aid in the future.
 - _____I understand that I cannot appeal again if this appeal is denied.

Student Signature