

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
financialassistance@ucmo.edu

SAP

Student's Name		
Please print.		
Student's Local/Cam	pus Mailing address	
Student's Preferred	Гelephone number ()	
	Deadlines for submitting appeals:	
	Fall Semester 2023 – 8/14/2023	
	Spring Semester 2024 – 1/08/2024	

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

Summer Semester 2024 – 5/13/2024

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.

SAP Appeal 11-22-21 Page 1

(Continue on a separate sheet, if necessary.) When do you expect to graduate/complete your current UCM degree? MonthYear 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 Date	Student Name	700	
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
When do you expect to graduate/complete your current UCM degree? MonthYear			
Student Certification (please initial in the space provided.	(Continue on a sep	parate sheet, if necessary.)	
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.	When do you expect to graduate/complete your	current UCM degree? Month	Year
I understand I will be notified within 10 business days, via my UCM email account, whether my appeal has been granted or deniedI 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 futureI understand that I cannot appeal again if this appeal is denied.	Student Certification (ple	ease <u>initial</u> in the space provided.	
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.	I have attached or enclosed documentation	on required to support my appeal.	
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.	I understand I will be notified within 10 business days, via my UCM email account, whether		
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.	my appeal has been granted or denied.		
I understand that I cannot appeal again if this appeal is denied.	I understand this appeal, if approved, is o	only valid for one semester. I underst	tand failure to meet
	the standards after this semester will resu	alt in loss of financial aid in the futur	e.
Student Signature Date	I understand that I cannot appeal again if	this appeal is denied.	
Student Signature Date			
	Student Signature	Date	

SAP Appeal 11-2-22 Page 2