

SATISFACTORY ACADEMIC PROGRESS APPEAL

UCM use only

SAP

Student's Name (please print) _____ 700 _____
UCM ID Number

Local/Campus Mailing Address: _____

Preferred Telephone Number: (_____) _____

This document should be used to explain in as much detail as possible why you failed to meet one or more of the UCM **Standards of Satisfactory Academic Progress**. Complete information about this policy may be reviewed at <https://www.ucmo.edu/future-students/tuition-costs-and-financial-aid/financing-your-education/financial-aid-policies/index.php>.

Deadlines for appeals:
Fall Semester 2019: 8/19/2019
Spring Semester 2020: 1/13/2020
Summer Semester 2020: 5/18/2020

Documentation **MUST** be provided to explain any of the circumstances that you describe in your written appeal. Examples of the types of documents that may apply to your situation are:

- 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

In accordance with federal law, appealing by telephone or in person is **not** permitted. Your appeal must be specific and complete. Be sure to 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.)

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

Please continue on page 2 ...

(Continue on a separate sheet, if necessary.)

When do you expect to graduate/complete your **current** UCM degree program? _____
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's Signature

Date

Complete and submit this form, with documentation by the required deadline listed on the front of this form, to the Office of Student Financial Services to ensure the review of this appeal.

<p>Mailing Address: Office of Student Financial Services University of Central Missouri P.O. Box 800 1100 Ward Edwards Building</p>	<p>Hand carry to: 1100 Ward Edwards Bldg. Fax: 660-543-8080</p>
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