SAP (GPA and/or PACE) APPEAL FORM

Student’s Name______________________________________ Student’s MSMU ID Number__________________________

Student’s Telephone Number_________________________ Student’s MSMU e-mail address_________________________

**Student:** Submit form to the Financial Aid Office to request an exception to the University’s policy on Satisfactory Academic Progress (SAP). If you are currently academically disqualified or if you have an activity restriction that prevents you from registering for classes, you may submit a SAP appeal; however, your appeal will not be considered until you have resolved those activity restrictions.

**Part 1: Student’s Explanation of Circumstance**

In the space provided below, provide an explanation of why you did not pass SAP. Make sure your explanation includes the following:

(a) What caused your work at MSMU to fall below acceptable standards? Be specific. (b) How have those conflicts been resolved? (c) How do you intend to maintain good academic standing and progress toward your degree if your appeal is granted? If you have supporting documentation or need additional space, you may attach it with this form.

[Blank space for explanation]

**Part 2: Academic Plan**

Student: Before a decision can be made concerning your Financial Aid Satisfactory Academic Progress appeal, you must discuss your academic plans with your Academic Advisor.

**Academic Advisor:** The student whose name appears on this form is currently pursuing an appeal with the Financial Aid Office regarding her or his Financial Aid satisfactory academic progress (SAP) status.

Student’s current major and degree objective________________ Anticipated graduation date____________________

**Schedule for course work:** Please indicate the range of units the student should complete each semester. **The student’s eligibility for financial aid will depend on meeting the enrollment goal(s) set below for each semester. Failure to meet goals established here will result in forfeiture of future financial aid.**

[Blank space for course schedule]

Student’s Signature_________________________________________ Date____________________

Academic Advisor/Dept. Chair/ Dean Signature____________________ Date____________________