### MSMU TRADITIONAL UNDERGRADUATE (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 an SAP appeal, but your appeal will not be considered until you have resolved those activity restrictions.**

### Part 1: Student’s Letter of Appeal

You must submit a letter with this form explaining the reason for your appeal. If your appeal is due to your lack of academic progress in past semesters, you need to provide a detail account of: (a) What caused your work at MSMU to fall below acceptable standards? Think carefully and be specific. (b) How have those conflicts been resolved? (c) How do you intend to maintain good academic standards and progress toward your degree if your appeal is granted? Statements should be typed and not more than two pages. If you have any supporting documentation, please submit it with this form.

### 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________________________

Number of units still needed to complete degree objective (including current enrollment) ______________________________

**Schedule for remaining course work:** Please indicate the number of units the student should complete each semester (including current enrollment). The student’s eligibility for financial aid will depend on meeting the enrollment goals and grade point average requirement set below for each semester. Failure to meet goals established here will result in forfeiture of future financial aid.

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Student’s Signature_________________________________________ Date____________________

Academic Advisor/Dept. Chair/ Dean Signature________________________ Date____________________