

UNIVERSITY OF MINNESOTA DULUTH  
**Satisfactory Academic Progress (SAP) Appeal**

You may appeal your financial aid satisfactory academic progress (SAP) status if *unusual circumstances* interfered with your ability to meet UMD's SAP standards ([http://www.d.umn.edu/fareg/SAP\\_index.htm](http://www.d.umn.edu/fareg/SAP_index.htm)). If you have not submitted an appeal by the end of the second week of the term (census date), your financial aid award(s) will be cancelled, funds returned to their programs and awarded to other eligible financial aid recipients. If your appeal is granted, your awards will be reinstated, *based on availability of funds at that time*; your original award(s) may be reduced or lost. Appeals must be received two weeks prior to the end of the term for which you are appealing. If the term for which you are seeking financial aid has already ended, your appeal will automatically be denied, since retroactive appeals cannot be granted. We will notify you about the decision on your appeal within 10 business days, via your UMD e-mail account.

**Return this form on campus to:**  
 Student Assistance Center  
 23 Solon Campus Center

**or mail it to:**  
 Office of Financial Aid and Registrar  
 University of Minnesota Duluth  
 1049 University Drive  
 Duluth MN 55812-3011

**E-mail:** umdhelp@d.umn.edu  
**Phone:** 218-726-8000  
**Fax:** 218-726-6144

**Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.**

Student information		
Last name—type or print neatly in ink	First	Middle
Student ID number	U of M e-mail @d.umn.edu	Phone number
Are you seeking a second degree? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," complete the <i>Petition to Reinstate Financial Aid Eligibility</i> found at <a href="http://www.d.umn.edu/fareg/forms.htm">http://www.d.umn.edu/fareg/forms.htm</a> .)		
Academic program: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Ph.D.		
Did you file a FAFSA? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," your petition will automatically be denied.)		
What term are you appealing for? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year_____		
Explain, in detail, what prevented you from meeting SAP standards. Describe any unusual circumstances. Describe what changes you have made that will help you improve your academic performance. Attach additional pages, if necessary, to complete your full statement. Attach required documentation. (e.g., typed letter from your physician, psychologist, counselor, academic adviser, or tutor, etc.).		
<b>(If you are doing a Timeframe appeal, please continue on to Page 2.)</b>		
<i>I understand that submitting this appeal is not a guarantee that my aid eligibility will be reinstated, and that I am responsible for all my debts incurred at the University regardless of my academic status.</i>		
Student signature	Date	



To request copies of this form in an alternative format: 218-726-8000.  
 UMD is an equal opportunity employer and educator.

<http://www.d.umn.edu/fareg/forms/SAPappeal.pdf>

08/28/09

**For Timeframe suspension, complete this page, also.**

Anticipated graduation term  Fall  Spring  Summer Year \_\_\_\_\_

Major(s)	Minor(s)	Certificate
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**List the course(s) you need to take to complete your degree/program. Specify the term and year in which you will complete them.**

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 200____		<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 201____		<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 201____	
Course name and number (e.g., Math 1000)	# of credits	Course name and number (e.g., Math 1000)	# of credits	Course name and number (e.g., Math 1000)	# of credits
<b>Total credits</b>		<b>Total credits</b>		<b>Total credits</b>	

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 201____		<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 201____		<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 201____	
Course name and number (e.g., Math 1000)	# of credits	Course name and number (e.g., Math 1000)	# of credits	Course name and number (e.g., Math 1000)	# of credits
<b>Total credits</b>		<b>Total credits</b>		<b>Total credits</b>	

**Certification**

I certify that all information provided is true and correct to the best of my knowledge.

Student signature	Date
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**Student's adviser, please complete below.**

**Adviser, please check one tool used:**  APAS  Graduation planner  
 Please add comments or recommendations to assist student with their academic success, such as referrals, reduced workloads, different classes.

Adviser's name	E-mail address	Phone
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Department/ College

Adviser's signature required	Date
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