# 2015-2016 Satisfactory Academic Progress Appeal

Print clearly: _________________________________________________________________________________________________________

(Black ink only)

Last Name    First Name  M.I.  Student Id #

Local Telephone Number   UT E-mail address

Indicate the semester for which you are applying for aid (only one semester will be considered): ___________________

Have you ever filed an appeal before?  □ Yes  □ No  □ Unknown

Attach the following required documentation to your Satisfactory Academic Progress (SAP) Appeal:

1. Detailed explanation of your special or unusual circumstances that contributed to your lack of compliance with SAP guidelines and what has changed that will allow you to make SAP at the next evaluation.
2. Academic Plan from your college advising center **signed** by advisor or faculty member that shows course requirements through graduation. In limited cases a one year academic plan may be accepted. Please provide explanation if your plan is not through graduation. To obtain your Academic Plan, please contact your college academic advising center to make an appointment.
3. Supporting documentation (i.e. doctor’s statement, medical bills, obituary, etc.);
4. Complete Academic History printed from MyUTK showing grades from all semesters including the most recent semester attended; and
5. Re-admission notification and/or class schedule (only required if academically dismissed).

Appeals will not be reviewed until all required documentation has been received. Please be aware, all appeals must be fully submitted 14 calendar days prior to the last day of classes for the term you want to receive aid. Late appeals will not be accepted.

□ I am pursuing my first degree.  □ Undergraduate  □ Graduate

□ I am pursuing a 2nd degree.  □ Undergraduate  □ Graduate

□ I am a double major.  □ Undergraduate  □ Graduate

□ Other – Please explain in your appeal

□ My anticipated graduation date is (required): __________________________________________

Student Signature       Date

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**For Office Use Only**

Has student appealed before?  □ Yes  □ No  If yes, when (list semesters or academic year)?____________________________

☑ Approved for Probationary semester

☑ Appeal denied

Reason: ________________________________________________________________________________________________

FAO Signature       Date

☐ Comment added to RHACOMM       Date:___________________  Response e-mail sent to student       Date:_________________