



SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

SSN \_\_\_\_\_

PID \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Major \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Appeal Reason:  Medical  Emergency  Other \_\_\_\_\_

Were you dual enrolled during the last academic year? YES- NO- If yes, what term(s) \_\_\_\_\_

\*If you were dual enrolled, please attach a copy of your grade transcript from the other institution showing the latest grades.

\*If your financial aid has been cancelled for reaching/exceeding the attempted hours limit (at UCF), you must attach a completed Academic Progress Advisement Form, located on our Web site under FORMS.

In addition to your appeal form, you must include the following:

- 1 Your letter describing the circumstance and its impact on your academic performance.
2 Documentation that supports your appeal such as medical bills, divorce decree, death certificate, letters from doctors, counselors, parents, etc.

Satisfactory Academic Progress Cancellation

Explain in detail your situation:

Multiple horizontal lines for writing the explanation of the situation.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY section with Pending, Committee Decision Date, Approved, Denied checkboxes and a Comments field.