

Satisfactory Academic Progress Appeal

SECTION I: General Information (to be completed by the student)

Name: _____ UCF ID: _____ Phone: _____

Current Academic Level: _____ College: _____

Major: _____ Expected Graduation Date (mm/yyyy): _____

Total UCF GPA & Hours: _____ Total Cumulative GPA & Hours: _____

SECTION II: Statement of Appeal (to be completed by the student)

I am appealing cancellation of my financial aid for the following reasons: (check all that apply):

- Cumulative (including transfer) GPA is less than 2.0 for undergraduate or 3.0 for graduate
- Did not successfully complete 70% of attempted hours
- Exceeded the maximum attempted hours for degree completion
- Did not complete the probationary period successfully
- Did not comply with the prescribed Academic Plan requirements
- Grade Change (Updated grade/s must be posted on myUCF prior to appeal. No Academic Plan required).
- Late Transient Grade/s (Unofficial transcript/grade report may be submitted. No Academic Plan required).
- NOTE: Failure to provide official transcript to UCF Registrar's Office may impact future aid eligibility.*
- Other _____

SECTION III: Explanation (to be completed by the student)

Both questions must be answered and appropriate documentation must be submitted.

1. Describe extenuating circumstances of why you did not meet Satisfactory Academic Progress Standards. (Attach extra sheet if necessary.)

2. Explanation of what has changed or is changing to allow you to meet Satisfactory Academic Progress Standards and complete your degree program. (Attach extra sheet if necessary.)

Student's Signature

Printed Name

Date

Submit your completed SAP Appeal and support documentation to:

Millican Hall, 107 ○ Orlando, FL 32816-0113
Phone: (407) 823-2827 ○ FAX: (407) 823-5241

Academic Plan for Financial Aid

To be completed by the Academic Advisor/ Department Head/ Dean ONLY

Name: _____ UCF ID _____ Phone: _____

Major: _____ Expected Graduation Date (mm/yyyy): _____

Total UCF GPA & Hours: _____ Total Cumulative GPA & Hours: _____

This student is currently not eligible for financial aid for one or more of the reasons listed below. We are requesting your assistance in assessing the student's academic record. Please develop the Academic Plan in consultation with the student. Be as specific as possible, and include any required or restricted courses and any restrictions on full-time enrollment.

Student's Cumulative GPA less than 2.0 for Undergraduate or 3.0 for Graduate

1. Provide a plan of work (courses and course load) in which the student is advised to enroll in order to raise cumulative GPA to proper level.
2. Please include in the comments section (if appropriate) the grades and/or length of time it will require for the GPA to proper level.

Student did not Successfully Complete 70% of Attempted Hours

Outline courses and/or course load in which the student is advised to enroll that will allow him/her to successfully complete at least 70% of his/her course load.

Student Exceeded the Maximum Number of Attempted Hours for Degree Completion. Please see SAP policy at www.finaid.ucf.edu/receiving/sap.html for the maximum number of undergraduate and graduate hours.

1. Provide a plan of work (courses and/or course load) in which the student is required to enroll that will successfully progress him/her toward completion of his/her program.
2. Include the length of time it will take for the student to complete his/her program.

Please check the reason/s student exceeded the maximum attempted credit hours:

Change of Major Repetitive Coursework Excessive Transfer Credits Seeking Additional Degree
 Completion of Major/s Seeking Minor/s Completion of Certificate/s Courses Transferred from High Sch.

Has the student had a major change at UCF? Yes No

If yes, how many credits from the student's **first** declared major **are not** counting towards the student's **current** major? _____

Student did not meet financial aid probation, Graduate Certificate Student, or Other

1. Provide a plan of work (courses and/or course load) in which the student is required to enroll that will successfully progress him/her toward completion of his/her program. If this is a Graduate Certificate student, only include required courses toward the certificate program.
2. Please comment in regards to details SFA should know in regards to student's situation.

Academic History:

(1) Has the student completed all required courses for a bachelor's/master's/doctoral degree or Certificate? Yes No

(2) Was the student admitted to UCF as a transfer or did the student earn college credit in high school? Yes No

If yes, how many of the transfer hours or high school credits prior to UCF admission were applied to the degree that the student is working towards? _____

(3) If student has declared minor, is it required for the degree? Yes No Student has not declared a minor.

(4) Remaining credit hours needed to complete degree or certificate program requirements (including current term): _____

(5) Timeframe for degree completion (expected graduation): _____

(6) Is the student seeking a double major? _____ If yes, please complete a separate Academic Plan for each major.

Comments/ Recommendations (attach additional sheets if necessary):

Signature (**Academic Advisor/ Department Head/ Dean ONLY**): _____

Print Name: _____ Title/Department: _____

Phone number: _____ Email: _____

Student's Name _____

PID: _____

Academic Plan for Financial Aid (Part 2)

To be completed by the Academic Advisor/ Department Head/ Dean ONLY

Plan of course work to raise GPA, increase course completion ration to 70%, and/or meet completion requirements.

Courses listed must be required for completion of student's degree. ****List Minor courses only if required for major.**

Start with current term.

If the student has electives that cannot be named please attach a list of electives the student can choose from.

Prefix Course #	Required?	credit hours per class	Term	Prefix Course #	Required?	credit hours per class	Term
	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>		
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I, _____ attest that all information provided is true and complete, and I agree to and understand that I must abide by the Academic Plan (Part 1 & Part 2) set up by my academic advisor. I also understand that if I do not abide by the plan, I will lose eligibility for financial aid.

Student's Signature: _____ UCF ID: _____ Date: _____

===== Below to be completed by the Academic Advisor/ Department Head/ Dean ONLY =====

I certify that the information is correct and that I have spoken with the student in regards to the academic plan.

Signature (Academic Advisor/Department Head/Dean): _____

Print Name: _____ Title/Department: _____

Phone number: _____ Email: _____