

2015-2016

Satisfactory Academic Progress (SAP) Appeal

Submission Deadlines			
Fall 2015	August 20, 2015		
Spring 2016	January 12, 2016		
Summer 2016	May 20, 2016		

PLEASE REVIEW THE EXTENUATING CIRCUMSTANCES AS DEFINED BELOW (STEP 3).

IF YOUR CIRCUMSTANCES DO NOT FALL WITHIN OUR GUIDELINES <u>OR</u> YOU DID NOT ADHERE TO THE TERMS OF YOUR ONE TERM PROBATION, PLEASE <u>DO NOT PROCEED IN COMPLETING A SAP APPEAL FORM.</u>

YOU MAY SPEAK WITH A FINANCIAL AID COUNSELOR TO DISCUSS YOUR CIRCUMSTANCES AND ALTERNATIVE PAYMENT OPTIONS.



4200 Connecticut Avenue, NW, Building 39, Suite A-133 Washington, DC 20008 Phone (202)274-5060 Fax (202)274-6060

2015-2016 SATISFACTORY ACADEMIC PROGRESS APPEAL

Na	me Date						
N#	Email						
	Steps 1 through 4 must be completed prior to seeing an academic advisor.						
ST	EP 1: YOU MUST COMPLETE ALL OF THE STEPS OF THE SAP TO BE REVIEWED FOR A DECISION						
con	Have you had a previous appeal approved? No Pering 2016 Summer 2016 Have you had a previous appeal approved? Yes (Indicate the semester of the previous appeal)						
	cial Note: If you have failed to make Satisfactory Academic Progress (SAP) while on financial aid probation, you are <u>not</u> eligible to re- eal your suspension.						
STEP 2: YOU MUST CHECK YOUR MYUDC STUDENT PORTAL TO FIND THE REASON WHY YOU HAVE BEEN PLACED ON FINANCIAL AID SUSPENSION.							
Ch	eck the reason(s) in which you are placed on financial aid suspension and which to appeal.						
	Failure to meet the Quantitative Course Completion Rate Undergraduate and graduate students must successfully complete 67% of attempted credits by the end of each academic year. Failure to meet Cumulative Grade Point Average Undergraduate students are required to maintain a minimum cumulative GPA of 2.0. Graduate students are required to maintain a minimum cumulative GPA of 3.0. Exceeding Maximum Timeframe The timeframe of a students' eligibility for financial aid is limited to 150% of the number of credits required to complete a degree as defined in the SAP Policy. Credits include attempted credits at the university and transfer credits accepted in satisfaction of course requirements for the degree. Note: A Degree Audit Plan, provided by your Advisor, is also required in addition to the Academic Success Strategies Plan.						
	EP 3: CHECK THE EXTENUATING CIRCUMSTANCE(S) EXPERIENCED TO JUSTIFY YOUR APPEAL.						
	Serious illness or injury to student or immediate family member – Documentation may include a signed letter on official letterhead from the appropriate medical professional that describes the nature and extended dates of the illness/injury. A doctor's note stating the health has improved and the student is allowed to return to school is also required.						
	Death of an immediate family or household member – Documentation must include a photocopy of the death certificate and/or the newspaper obituary that includes the name of the deceased and their relationship to you.						
	Significant mental or physical trauma – Documentation may include a signed letter on official letterhead from a third party (e.g., physician, social worker, psychiatrist, court documents) that includes the dates and specific circumstances of your condition. If you have an ongoing medical or psychiatric problem, provide a statement regarding your current status and your ability to attend school.						



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STEP 4: PROVIDE THE FOLLOWING DOCUMENTS ALONG WITH THIS APPEAL FORM. YOUR APPEAL WILL BE REJECTED IF ANY OF THE BELOW ITEMS ARE MISSING:

- Personal Statement Explaining Extenuating Circumstance Please provide a TYPED written statement explaining why you failed to make satisfactory academic progress and what has changed in your situation that will allow you to make satisfactory academic progress during the next evaluation period.
- □ <u>Submit Supporting Documentation</u> Please provide supporting documentation to support your Personal Statement. This may include medical records of an extended injury or illness, death of relative, legal or other personal information. *Please include your name and student ID on all pages of the supporting documents*.

STEP 5: COMPLETE ACADEMIC SUCCESS STRATEGIES PLAN AND SEE ACADEMIC ADVISOR

Academic Success Strategies Plan – Attached is a copy of your Academic Success Strategies Plan. It should be reviewed and signed by your Academic Advisor <u>after</u> your Appeal documents are completed. The plans must ensure you are able to meet the UDC Satisfactory Progress Standards and list what support services you will utilize to ensure successful completion of future coursework.

PLEASE NOTE: Do not visit with an academic advisor until you have completed steps 1-4.

If you attend the Community College, go here.

Student Success Center 801 North Capital St. NE 202-274-6988 (Please call to make an appointment) If you attend the Flagship and you are a Freshman or a Sophomore, go here.

Academic Advising Center Building 39, Room 112 202-274-6899

202-274-6899 (Please call to make an appointment) If you attend the Flagship and you are a Junior or a Senior.

See your Department Faculty Advisor

TERMS AND CONDITIONS:

- 1. Failure to submit ALL required documents and signatures will deem your appeal INCOMPLETE & UNPROCESSED.
- 2. Students MUST check their MyUDC student portal and email for the decision on their SAP Appeal
- 3. Appeals MUST be submitted at least two weeks prior to the next semester of planned attendance
- 4. Students MUST allow at least two weeks to receive a response on their appeal
- 5. Submission of this appeal does not guarantee approval
- 6. Financial aid is not retroactive to any semester for which SAP standards were not met.
- 7. The complete SAP Policy is available in the Office of Financial Aid or online at www.udc.edu.
- 8. Students denied their appeal may regain eligibility by taking action that brings their academic progress into compliance with UDC's satisfactory academic progress standards.

Student Certification: By signing this Appeal form, I certify that I have read and understand the above requirements of this Appeal Application and the UDC Satisfactory Academic Progress (SAP) policy. I understand that if I met the terms of my financial aid probation (did not receive an F, I, or W and have a 2.00 for the term), but did not reach the cumulative 2.0 or 67% completion rate, I must again complete and submit the SAP appeal form to be considered for continued financial aid probation. I agree to the terms and conditions of this appeal and have provided **ALL** required information required for this appeal. I further certify that I acknowledge that submission of this Appeal form does not guarantee financial aid reinstatement and that all decisions are final.

I agree to the terms and conditions of this appeal and have provided ALL required informatic certify that I acknowledge that submission of this Appeal form does not guarantee financial decisions are final.	
Student Signature	Date
Approved Denied Incomplete Notes in Banner Student Notified	NOTES:
Financial Aid Officer Signature Date	



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Academic Success Strategies

The following is an action plan to assist students in credit completion, for the purposes of maintaining good academic standing and federal student aid eligibility. Students should complete their action plan with a <u>faculty or academic advisor</u>, and submit with appropriate signatures for financial aid appeals.

A Degree Audit Plan will also need to be completed by the Academic/ Faculty Advisor, <u>in addition</u>

to this plan, for Maximum Timeframe appeals.

Student Name:			_ N#:					
Email:				Phone:				
Student Acad	emic History							
☐ Prior Course Withdrawals ('W' grades) ☐ Academic Probation (cumulative GPA below 2.0) ☐			Prior I/D/F Grades Other:					
Most Recent S	Semester(s) of (Concer	n					
Semester(s): Missed class sessions Technological difficulties Difficulty with course material/concepts Difficulty with written assignments/essays			Lack of communication with instructor Missing or incomplete assignments Difficulty with quizzes or exams Other:					
	To be c	omplete	ed by an Acade	mic	or Fa	culty Advisor		
Credit Hou	Credit Hour Information:							
Type of Degree			Major					
Total developmental credits attempted Total development				ntal cre	dits completed			
Total UDC attempted credits for degree Total UDC compl				eted credits for degree				
Total transfer credits applied to degree Total remaining c				redits needed to complete degree				
Is student able to complete their degree program within 150% timeframe? □YES □NO								
Please list courses student is on course to take for the next three semesters.								
	Semester Seme		Semester	ester		Semester		
	Course Title	Crds	Course Title		Crds	Course Title	Crds	



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To be completed by an Acc	demic or Faculty Advisor
Recommendations for Improvement & Acade	emic Success:
☐ Better time management	
☐ Study hall and or tutoring	
☐ Work one-on one with instructor	
□ Part-time class schedule	
☐ Follow-Up Meetings with Academic Advising	
□ Weekly Check-In Meetings□ Bi-Weekly Check-In Meetings□ Monthly Meetings	
Advisor Name:(print)	
□ Other services:	
Student Certification: By signing below, I understant Columbia will depend on my follow through with the	
advisor. I agree to follow the Academic Success Plan	
, and the second	
Student Signature	Date
Advisor Certification: By signing below, I certify the	
student and the student was advised on courses they o	
Success Plan was also created to help the student ach	neve their educational goals.
Academic Advisor/ Faculty Advisor Signature	Date
Dept./ Office	Campus extension

UNIVERSITY SE DISTRICT OF COLUMBIA

Office of Financial Aid

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This sample letter is for students who are appealing following a semester on Financial Aid Warning. Be mindful that your advisor will not support your appeal if your portion of the SAP is either incomplete or your statement is not clear or specific. In this case, the advisor will ask you to revise your statement. Your advisor will not support your SAP appeal if s/he determines that you are unable or unwilling to follow recommendations given to you to help you return to good standing.

DIRECTIONS: This is how you should structure your appeal letter. Please make the letter concise, but as long as necessary to explain each area below. It is fine to make it more than one page. **Please sign the letter before turning it in**. **Do not email or fax the final draft.** DELETE THIS HEADER BEFORE SUBMITTING YOUR FINAL LETTER.

June 15, 2015 (put in the date you submit the letter and appeal form)

Joe Smith (put in your name)
555 Main Street NE (put in your street)
Washington, DC 20008 (put in your city, state, and zip)
Email (put in your email address)
Phone Number (put in your phone number)
Student ID (put in your Student ID number)

University of the District of Columbia 4200 Connecticut Ave NW Washington, DC 20008

RE: Letter of Appeal

Dear Appeal Board:

My name is (insert your name) and I am submitting a letter of appeal. I did not make Satisfactory Academic Progress (SAP) following my semester on warning because (Please explain in full what happened to prevent you from making SAP.)

During my semester on Warning, I took many actions to help restore my academic standing. (*Discuss the items on your support plan that you participated in while you were on Warning, such as the learning resource center, the PASS program, etc.*)

I would also like to address what has changed in my life that will now allow me to make SAP in future semesters. (*Please mention the mitigating circumstances that prevented you from making good academic standing and how that has changed.*)

If I am placed on probation, I plan to (write about what changes you can continue to make if you are placed on probation.)

Thank you for your assistance with this matter.

Sincerely,

Sign your Name Here (Type your name below your signature)



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Student ID (put in your Student ID number)

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RE: Letter of Appeal

Dear Appeal Board:

My name is (insert your name) and I am submitting a letter of appeal. I was granted a one term financial aid probation for the (insert semester). I adhered to the terms of my one term probation by not failing, withdrawing, or receiving incompletes. However, I have not reached the cumulative requirements to remove my SAP flag. Therefore, I am appealing to have my probation period extended for the (insert semester).

Thank you for your assistance with this matter.

Sincerely,

Sign your Name Here (Type your name below your signature)