



Satisfactory Academic Progress Appeal

This appeal is for students who have not met the minimum semester credit hours, cumulative/semester grade point, and/or maximum time frame requirements of the SAP policy. The SAP appeal and supporting documentation are confidential information and will not be released to any university department or outside agency without prior written approval.

Name: _____ Student ID #: _____ Date: _____

Email Address: _____ Major: _____

Explanation of Circumstances

In 500 words or less, please answer the following questions in space provided below:

- What circumstances led to your academic deficiency?
- How were the circumstances beyond your control?

Resolution of Circumstances

In 500 words or less, please answer the following questions in the space provide below:

- How is your situation different now than it was before?
- What specific steps are you taking to ensure future success in attaining your academic goals:

You are required to make an appointment with an Adviser in the Center for Student Success (CSC). You can schedule an appointment online at: <https://stmartin.libcal.com/appointments> or calling for an appointment at 360-438-4569.

Date of CSC Appointment: _____ Adviser You Met With: _____

ACADEMIC PLAN & ELIGIBILITY CONTRACT

DIRECTIONS

- Complete this section with an Advisor in the Center for Student Success or your Program Advisor.

All steps must be complete before financial aid can be released.

PART A – STUDENT INFORMATION																																
Name (last, first, middle initial)	Student ID#	Phone (include area code)																														
Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)																																
PART B – ACADEMIC ADVISOR SECTION																																
<p>Instructions for Academic Advisor: Federal regulations require the institution establish an Academic Plan-of-Action for students who have failed to meet SAP standards as defined by the Department of Education. <u>Financial Aid SAP eligibility is not the same as Academic probation.</u></p> <p>Please work with the student to develop a planned curriculum to ensure that s/he has a realistic academic plan and that the coursework listed is required for the student’s declared program. Once this plan is developed and agreed upon, please sign and date the Academic Plan.</p> <p>Degree program _____ Is this a Change of Major? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Expected Graduation Date: _____ Current Cumulative GPA: _____ Cumulative Degree Hours: _____</p>																																
<p>Semester 1 Term:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 30%;">Course Name</th> <th style="width: 15%;">Course Number</th> <th style="width: 15%;">Credit Hours</th> <th style="width: 10%;">Repeat (Y/N)</th> <th style="width: 30%;">Required for Major</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Course Name	Course Number	Credit Hours	Repeat (Y/N)	Required for Major																									
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<p>Advisor Name: _____ Advisor Signature: _____</p>																																
PART C – STUDENT SECTION																																

I _____ agree that I will fulfill each of the following terms of this agreement to continue to receive my Financial Aid at Saint Martin's University while on Satisfactory Academic Probation to maintain SAP.

Students must initial each statement

_____ I understand that I am only allowed to enroll in the courses listed in section B.

_____ I will meet with my academic advisor.

_____ I will maintain a 2.0 GPA (undergraduate students) or a 3.0 GPA (Graduate Students).

_____ I will complete more than 67% of the courses I register for each semester.

_____ In the event I am unable to complete a course, I will notify my advisor and the Office of Student Financial Services Immediately

_____ I will attend class regularly and arrive to class on time

_____ I will meet with my instructors regularly to monitor my academic progress

_____ I will utilize the Learning and Writing Center to help me strengthen my study skills and behaviors

_____ I will check Self-Service to monitor my midterm and final grades

_____ I will check my Saint Martin's Email on a regular basis as it is the official means of communication on campus.

PART D - Certification

Student signature

Date

Supporting Documentation

Please list any supporting documentation that will be submitted on your behalf:

- Supporting documentation can be submitted via email with this appeal through the Center for Student Success Advisor or finaid@stmartin.edu
- Medical condition: Submit a letter from your health care provider stating whether you are well enough to return. **Do not send us your medical records.**
- Maximum time frame: Submit documentation from your academic advisor confirming your graduation date. **If you are seeking two majors documentation must come from both advisors.**
- Other: Submit documentation that proves each factor noted as influencing your academics

Important Details

- **DEADLINE** - Your appeal must be submitted prior to the mid-point of the term. If your appeal is not received by the mid-point of the semester it will not be approved and you will be responsible for paying your balance with out-of-pocket funds.
- The SAP Committee may require additional information. The committee will not continue processing your appeal until the requested information has been received.

- **ALL DECISIONS OF THE SAP COMMITTEE ARE FINAL.**

Student Acknowledgment

By submitting this form, I certify that the above information is accurate and truthful. If asked, I will provide documentation to verify the accuracy of my appeal. Furthermore, I have read and understand the information stated in this appeal.

Signature: _____

Date: _____

Your form can be turned in through your appointment with an Adviser in the Center for Student Success (CSC). This appointment is a requirement of your SAP Appeal.

Student Financial Service Center
5000 Abbey Way Southeast
Lacey, Washington 98503

Secure Dropbox: <https://smu-dropbox.stmartin.edu/index.php/s/dyqpkMoWAsTgTf8>

Questions? Call us at 360-438-4397