



FINANCIAL AID & SCHOLARSHIPS OFFICE

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

Student Name: _____ Student ID: _____

Email: _____ Phone Number: _____

I request my financial aid eligibility be reviewed for (*check only one*): ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

Please check the appropriate box and follow the instructions in the next section.

- ☐ I am a student who did not fulfill the requirements for Satisfactory Academic Progress Warning.
- ☐ I am a student who has made academic progress but did not fulfill the requirements for Satisfactory Academic Progress Contract (previous appeal was approved).
- ☐ I am a student who left UMKC while not making Satisfactory Academic Progress and must file an appeal with the UMKC Financial Aid and Scholarships Office to be considered for financial aid after readmission to UMKC.
- ☐ Other: _____

REQUIRED ACTION: Submit this entire form and all of the following items to the Financial Aid and Scholarships Office

- ☐ A signed, written explanation from you detailing the reason(s) for your lack of satisfactory academic progress (SAP). Address each of the preceding terms during for which you did not fulfill the requirements for SAP, SAP Warning, and/or SAP Contract. **Be specific** regarding one or more of the following: dropped classes, repeated courses, withdrawals, transfer credit, incomplete grades, low GPA
- ☐ Documentation supporting your explanation (acceptable documentation consists of letters, photocopies of bills, medical records, death certificates, obituaries, birth certificates and official reports, or other information from third party sources which supports the student's case);
- ☐ A statement from you explaining what corrective measures you have taken to assure SAP in the future;
- ☐ A signed, detailed plan from your academic advisor outlining one or more of the following (if applicable):
 - how you will assure SAP in the future (improve GPA, complete all attempted courses, etc.)
 - how and when you will satisfy your current incomplete grades
 - how you will meet the requirements for graduation by your anticipated graduation date

In some circumstances, appeals may contain information related to sexual harassment, sexual misconduct, and other forms of sex discrimination. According to the University of Missouri System Policy, any incident of sexual harassment of any kind, including sexual assault, committed against students must be reported to the University Title IX Coordinator. Any documentation you provide may be submitted to their office.

NOTE: Inability to master the course work is not an acceptable reason for poor grades. Poor and/or failing grades are not acceptable reasons for withdrawal from classes for financial aid purposes. Only those events beyond the student's control (i.e., illness, death in immediate family, etc.) are acceptable reasons for an appeal.

DEADLINE FOR SUBMISSION OF THIS FORM: This form must be submitted by the **second Friday** after the start date for the term for which financial aid consideration is requested. **Appeals are reviewed by the UMKC Financial Aid and Scholarships Office SAP Committee. Students are notified in writing via their UMKC email of the decision. This office will reject (deny) any appeal that does not have documentation.**



FINANCIAL AID & SCHOLARSHIPS OFFICE

SAP ACADEMIC PLAN FORM

Student Name: _____ Student ID: _____

Degree Area: _____ Semester: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

(INITIAL) I have read the [UMKC Satisfactory Academic Progress Policy](http://finaid.umkc.edu/financial-aid-process/policies/) available at <http://finaid.umkc.edu/financial-aid-process/policies/> and understand the reason(s) I have not met satisfactory academic progress for financial aid eligibility. If I was unable to access the policy online, I have reached out to the Financial Aid and Scholarships Office to obtain a written copy of the policy. Below is my current plan of study for degree completion that details how I will meet requirements for graduation. This was completed with the help of my academic advisor.

(INITIAL) If granted an SAP Contract, I agree to notify the Financial Aid & Scholarships Office in writing, *prior to the end of the semester*, if I do not believe I will be able to meet the requirements outlined in my SAP Contract.

SIGNATURE REQUIRED

Student Signature

Date

PLAN OF STUDY

Term: _____ Year: _____	Term: _____ Year: _____	Term: _____ Year: _____
Course Title/Credit Hours	Course Title/Credit Hours	Course Title/Credit Hours

Term: _____ Year: _____	Term: _____ Year: _____	Term: _____ Year: _____
Course Title/Credit Hours	Course Title/Credit Hours	Course Title/Credit Hours

**This is a tentative plan of study. This schedule may change each semester to accommodate scheduling and/or class availability.*

Advisor Name: _____

Advisor Signature: _____ Date: _____

Advisor Comments (please feel free to attach comments on a separate page if necessary):