

Satisfactory Academic Progress Appeal Form

University of Illinois at Chicago

Office of Student Financial Aid
Suite 1800 SSB, M/C 334
1200 West Harrison Street
Chicago, Illinois 60607-7163

UIC

Note: If you failed to meet the SAP requirements due to incomplete (I) or not reported (NR) coursework you may not need to appeal. Once the course(s) in question are reported in the Banner system, please notify the Office of Student Financial Aid (OSFA) in writing via the SAP Review Request Form if you feel you meet the various SAP requirements as the result of the course(s) now being reported.

If you did not meet the Satisfactory Academic Progress (SAP) requirements due to extenuating circumstances, you may submit a formal appeal requesting the reinstatement of your financial aid eligibility. Circumstances related to the typical adjustment to college life are not considered as extenuating for purposes of appealing suspension of financial aid.

Submitting an appeal does not automatically guarantee approval. Appeals will be reviewed by the Satisfactory Academic Progress Appeal Committee. The Committee consists of members from various colleges and departments at UIC. The Committee will decide if your financial aid will be reinstated or remain in cancellation. Please be aware that if the Committee reinstates your financial aid eligibility you will be required to meet certain stipulations each term. Failure to meet these stipulations at any point in time will result in the cancellation of your financial aid. You will be notified in writing via email of the Committee's decision. The Committee's decision is final.

Steps to complete Appeal:

1. Complete the Satisfactory Academic Progress Appeal Form.

In a typed statement clearly explain the circumstances which prevented you from meeting the Satisfactory Academic Progress requirements:

- What occurred; why did you fail to meet the SAP requirements?
- How have you resolved these circumstances so that they will not continue to affect you in the future?
- If you have exceeded the maximum time frame explain how/why the number of hours was accumulated.

2. Meet with your academic advisor to complete the Evaluation of Academic Performance Form.

- If you submit your appeal without the evaluation from your academic advisor, your appeal will not be considered. Students should meet with their academic advisor, not faculty advisor.
- A DEGREE PLAN is required if you were cancelled for exceeding the maximum time frame. It should:
 - Verify your intended major
 - List the specific courses **and** number of hours remaining for your major and degree completion

3. Submit your complete appeal packet and all supporting documents by the published deadline for the term for which you are appealing.

- Appeals without supporting documentation will be denied. Please see the top of page 2 for examples of supporting documentation.
- If a professional is providing a letter to support your appeal, it must be signed, dated and **on letterhead**.
- All letters must include contact information (address and phone number) for the committee to contact if they determine follow-up is necessary. However, you must document your circumstances in writing with your personal statements. Do not expect for the committee to use this contact information to call and document your circumstances for you.

Some examples of appropriate supporting documentation are as follows:

Family Circumstances	Medical Concerns	Emotional Medical Concerns
<ul style="list-style-type: none"> • Marriage Certificate • Birth Certificate • Divorce Papers • Court Documents • Police Reports • A Copy of Plane Tickets 	<ul style="list-style-type: none"> • Letter from Doctor: <ul style="list-style-type: none"> ○ Verifying illness ○ Verifying treatment ○ Supporting your ability to handle an academic course-load 	<ul style="list-style-type: none"> • Letter from a Counselor / Therapist: <ul style="list-style-type: none"> ○ Verifying treatment ○ Supporting your ability to handle an academic course-load
Death	Accident	Previous Degree
<ul style="list-style-type: none"> • Death Certificate • Obituary • Memorial Service Bulletin 	<ul style="list-style-type: none"> • Original Police Report • Medical Documentation • Car Repair Bills 	<ul style="list-style-type: none"> • Unofficial Transcripts • Request to Change Major • Explanation of Career Change

Submitting incomplete documentation will result in a denial of your appeal or a delay in processing.

Please make sure to include your name, nine-digit UIN number, current address, phone number, and email address on your appeal documents.

Students in cancellation status may enroll in classes. However, if the appeal is denied the student is responsible for any charges incurred at UIC. Financial Aid cannot be retroactively reinstated if an appeal is approved after a semester has ended or if an appeal is incomplete and the documents are submitted after a term ends.

You may call (312) 996-3126 to make an appointment with your financial aid counselor to discuss your appeal. Your counselor will not be able to approve or deny your appeal, nor do financial aid counselors sit on the committee which reviews your appeal. Your counselor will only be able to clarify any questions you have about this document and provide you with other financial aid options.

There are SAP appeal deadlines for each semester. If appeals are not submitted in their entirety by the semester deadline, the appeal may not be reviewed until the following semester.

Appeal deadlines are as follows:
Summer – June 1
Fall – October 15
Spring – March 15

Only submit complete appeal packets with supporting documentation, do not submit documents individually.

Mail Appeals Documents To:
 Office of Student Financial Aid
 Attn: Satisfactory Academic Progress Appeal Committee
 Suite 1800 SSB, M/C 334
 1200 West Harrison Street
 Chicago, Illinois 60607-7163

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Section A – General Information

Name: _____ UIN: _____

Local Address: _____

Phone Number: _____ Email: _____

Appeal is for (check term and indicate year) Summer 20____ Fall 20____ Spring 20____

Academic Advisor's Name: _____ Department: _____

Anticipated Graduation Date: _____

Section B – Reinstatement Request Information

1. Indicate below which situation applies to your reason for appeal and submit the appropriate supporting documentation:

- Medical
- Death/Illness
- Military Service
- Exceeded Maximum Time Frame/Pursuing a Second Degree
- Other Special Circumstance

2. Attach a typed statement that includes the following criteria:

- An explanation of the specific circumstance that prevented you from making Satisfactory Academic Progress.
- An explanation of what has now changed and/or how you will address the circumstance(s) previously described so that you can successfully complete your academic program.

Section C: Appeal Results

If my appeal is DENIED, by signing below I understand that decisions are processed on a case-by-case basis and the Satisfactory Academic Progress Appeal Committee may deny any SAP appeal as they deem appropriate.

If my appeal is APPROVED, by signing below I understand that the Satisfactory Academic Progress Appeal Committee will require certain stipulations (Academic Plan) to be met every semester and failure to meet those stipulations will result in my financial aid being cancelled for future semesters.

Signature: _____ Date: _____

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Office of Student Financial Aid
Suite 1800 SSB, M/C 334
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TO: Academic Advisor

FROM: Office of Student Financial Aid

DATE: _____

RE: Request for Written Evaluation of Academic Performance

To comply with federal regulations, the University of Illinois at Chicago is required to monitor whether a student is maintaining satisfactory academic progress in his/her course of study. Students who have been denied financial aid eligibility because they have not met one or more of the requirements of the Satisfactory Academic Progress Policy are offered the opportunity to submit an appeal to regain their financial aid eligibility. As part of the appeal, a student must document extenuating circumstances that prevented him/her from meeting the requirements.

Before the Satisfactory Academic Progress Appeal Committee may consider a student's appeal, the student is required to obtain a written evaluation of his/her past and potential academic performance at the University of Illinois at Chicago. Your evaluation will be treated as confidential and will be reviewed only by the Satisfactory Academic Progress Appeal Committee and financial aid staff as necessary.

The student presenting this document and Evaluation of Academic Performance Form to you will sign below that he/she authorizes your release of information. Once completed, please return to the Office of Student Financial Aid via fax or intercampus mail:

Campus Mail: ATTN: SAP Committee
Office of Student Financial Aid (M/C 334)
Suite 1800, SSB

Fax: ATTN: SAP Committee
312-996-3385

STUDENT NAME: _____ **UIN:** _____

I hereby authorize the release of information regarding my academic performance at the University of Illinois at Chicago. I understand that this is a necessary component of my Satisfactory Academic Progress Policy Appeal and that the information will be released only to the Office of Student Financial Aid.

SIGNATURE: _____ **DATE:** _____

Enclosed: EVALUATION OF ACADEMIC PERFORMANCE FORM

EVALUATION OF ACADEMIC PERFORMANCE

- Must be completed by Academic Advisor in student's college, **not Faculty Advisor**.
- Advisor may submit this evaluation separately to OSFA with preceding page.

Student Name: _____ **UIN:** _____

1. Select the reason(s) that this student is not meeting Satisfactory Academic Progress Policy requirements:
- ___ Cumulative grade point average not consistent with the academic standards for graduation (under 2.0)
 - ___ Current Ratio of passed credit hours versus attempted credit hours less than 67%
 - ___ Student exceeded maximum time frame (180 credit hours for Undergraduate students)

2. When did the college begin advising this student? _____

3. Prior to today's meeting, was the college aware of any extenuating circumstances that may have hindered this student's past academic performance? If yes, please comment.

4. Based upon this student's current academic record, what is your assessment of this student's potential to meet the requirements listed in question one within the next few semesters? Please provide comments or recommendations on how he/she can meet these standards.

5. DEGREE PLAN

Required credit hours remaining to complete degree requirements _____

Semesters this student will be enrolled to complete the requirements _____

Evaluation completed by (*please print*) _____

College: _____ **Phone:** _____

Signature: _____ **Date:** _____