

**2022-2023 Satisfactory Academic Progress Appeal Form**

Student Name Student ID #

An appeal must be based upon some unusual situation, condition or other mitigating circumstances which prevented you from passing courses, or which caused you to withdraw from classes. *Examples of possible situations include documented serious illness, severe injury or death of a family member.* To submit your appeal, please complete the following below:

**Please check the reason(s) for failure to meet SAP:**

Minimum GPA Standard Completion Rate Maximum Timeframe

Current Cumulative GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Level (2022-2023)\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Personal Statement:** Please include a personal written statement (in the field below) identifying the specific reasons for not meeting the minimum requirements. You may add an additional page, if necessary.

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**Documentation:** Please attach any supporting documentation that aligns with the reason(s) and date(s) identified in your personal statement.

I have attached supporting documents to my appeal form.

I do not have any documentation pertinent to my appeal.

1

**Academic Worksheet Plan:** Please meet with your Program Dean, Chair or Academic Advisor to create an academic plan for the upcoming semesters using the worksheet below that would outline your academic plan for success.

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| --- | --- | --- | --- |
|  | **Academic Plan – Year 1:** | |  |
| **Semester:** | **Anticipated**  **Final**  **Grade** | **Semester:** | **Anticipated**  **Final**  **Grade** |
| Class A (Name of Course): |  | Class A (Name of Course): |  |
| Class B (Name of Course): |  | Class B (Name of Course): |  |
| Class C (Name of Course): |  | Class C (Name of Course): |  |
| Class D (Name of Course): |  | Class D (Name of Course): |  |
| **Anticipated Cumulative GPA** |  | **Anticipated Cumulative GPA** |  |
|  | **Academic Plan – Year 2:** | |  |
| **Semester:** | **Anticipated**  **Final**  **Grade** | **Semester:** | **Anticipated**  **Final**  **Grade** |
| Class A (Name of Course): |  | Class A (Name of Course): |  |
| Class B (Name of Course): |  | Class B (Name of Course): |  |
| Class C (Name of Course): |  | Class C (Name of Course): |  |
| Class D (Name of Course): |  | Class D (Name of Course): |  |
| **Anticipated Cumulative GPA** |  | **Anticipated Cumulative GPA** |  |

**Advisor Notes**:

Dean/Academic Advisor Signature: Date

**Signature:**

All of the information on this form is true and complete to the best of my knowledge. If asked by the committee, I agree to provide additional information to review my appeal. I understand that the decision made by the Financial Aid SAP Appeal Committee is final and there is no guarantee on the outcome.

Student Signature: Date

**Submit this form to the Office of Financial Aid via** email to: faid@marymount.edu

**Office of Financial Aid | Butler Hall | 2807 N. Glebe Rd. Arlington, VA 22207-4299**

2