Satisfactory Academic Progress Appeal

Name_____ PSU ID#_____

Street Address_____ City_____State_____Zip_____

Cell Phone_____Major_____Minor_____

Projected Graduation Date: Month _____ Year _____ Last semester of attendance: ☐ Fall ☐ Spring ☐ Summer Year_____

Appealing for reinstatement for (check one):   ☐ Fall 20_____   ☐ Spring 20_____   ☐ Summer 20_____

In order for your appeal to be reviewed by the Satisfactory Academic Progress Appeal Committee, please attach the following information with this appeal form:

- ☐ A **typed**, signed statement answering these questions:
    1. Why did you fail to meet Satisfactory Academic Progress standards? Please keep your remarks to 1 page or less.
    2. Have you dropped/failed any classes in the past? If so, please explain your reason(s).
    3. How do you feel you will be successful in your future semester(s), in other words, what has changed now from the semester you did not make Satisfactory Academic Progress?
    4. What is your action plan for upcoming semester(s) that will allow you to be successful?
    5. If you have incomplete grades, what is the status of the class(es)? What is the projected completion date?
- ☐ Documentation to support your reason for not meeting Satisfactory Academic Progress is **REQUIRED** or this appeal is incomplete and will not be reviewed. Medical documents should be brief, not more than a few pages.
- ☐ Unofficial transcript (located in your GUS CLASSIC PORTAL).

What to expect after your appeal is reviewed by the Satisfactory Academic Progress Appeal Committee:

- You may be contacted to provide more information/documentation for your appeal if it is incomplete.
- **If your appeal is APPROVED**, you will be placed on Probationary Status for a minimum of one semester. While on Probation, you will be required to complete 100% of the hours for which you are awarded, with a specified grade point average.
- **If your appeal is APPROVED**, you may be placed on an Academic Plan, which requires more specific requirements. This will be explained in your notification email and letter.
- **If your appeal is DENIED, you will be notified of the decision and how you may re-establish eligibility for Federal Financial Assistance at PSU.**

   ** I understand that the decision of the SAP Appeals Committee is FINAL and <u>cannot</u> be appealed. **

Student Signature_____ Date_____

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