

# The University of Tennessee at Martin

## Satisfactory Academic Progress (SAP) Appeal Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

All students requesting an appeal are **REQUIRED** to document **AND** submit reasons that warrant consideration by the Financial Aid Appeals Committee.

**Check all that apply:**

Is this appeal for Hours Attempted/Earned? Yes \_\_\_\_ No \_\_\_\_

Is this appeal for GPA? Yes \_\_\_\_ No \_\_\_\_

Is this appeal for Maximum Timeframe? Yes \_\_\_\_ No \_\_\_\_

(If **yes**, meet with your advisor, get signed documentation of remaining hours/classes needed to graduate)

Attach the basis for your appeal in **DETAIL** and **ATTACH THE PROPER DOCUMENTATION TO THIS FORM**. Acceptable circumstances may include personal illness, family illness, divorce or a death in a family. (Without supporting documentation your appeal will be denied and returned)

Have you ever filed an appeal for Financial Aid? Yes \_\_\_\_ No \_\_\_\_

If yes, please indicate the semester and reason:

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**For ALL appeals:**

1. Attach a signed, typed letter explaining in **DETAIL** the extenuating circumstances.
2. Attach supporting documentation (i.e., doctor statement, letters from advisors/counselors, etc).
3. Return this form via mail or to the office (faxed copies will not be considered), with your signature, explanation, and documentation.

Signature: \_\_\_\_\_



OFFICE USE ONLY		
HOURS ATTEMPTED _____	HOURS EARNED _____	CUM GPA _____
APPROVED _____	DENIED _____	SIGNED _____