UCSF Student Financial Aid
Student Academic Affairs

Satisfactory Academic Progress Appeal Form

Student Name _____   Current Academic Year _____

UCID# _____   Program and Year in program _____

Students must make Satisfactory Academic Progress (SAP) with regard to GPA, unit completion, and overall time to degree. You can read more about the SAP Policy here. Students who are on Academic Probation and have received notice from the Financial Aid Office that their financial aid will be impacted may use this form as a written appeal. If approved financial aid can disburse for an additional quarter(s) during a probationary period that matches the timeline or milestones in the Academic Plan.

Schedule an appointment with an academic advisor to develop an Academic Plan. Existing plans already finalized may be sufficient if it includes the information requested below. Submit this form with applicable documentation, via email to finaid@ucsf.edu and cc the advisor listed below.

To appeal:

1. Write **an email of appeal**. This email (or letter) should include the following points:
   a. An explanation of the extenuating circumstances that impacted your ability to meet Satisfactory Academic Progress (SAP).
   b. An explanation indicating how you addressed or resolved the circumstances which resulted in your inability to meet the Satisfactory Academic Progress requirements.
   c. An academic plan with milestones you will achieve to regain Satisfactory Academic Progress. Specify what term and year you expect to come off Academic Probation.

2. Provide **copies of supporting documentation if applicable** such as doctors' letters/bills, death certificate, police reports, etc. to document any extraordinary circumstances.

3. Submit the email of appeal with **this completed form** and any applicable documents to your financial aid advisor. Please cc the academic advisor listed below. Thank you.

When do you expect to graduate: Term: _____   Academic Year: _____

Date Academic Plan reviewed with Academic advisor: _____

Academic advisor's Name: _____   Title: _____

Financial Aid Office Use Only   Appeal Approved? (date and initials): _____
Notes: _____