**Satisfactory Academic Progress Appeal Form**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Academic Year**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Id#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** **#**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were academically disqualified from the Universidad De La Salle Bajío you must establish readmission before submitting appeal.

Reason(s) for your Satisfactory Academic Progress Appeal

Failed to meet G.P.A. requirement

Reinstatement

Exceeded Maximum Time Frame

Please respond to the following questions. If you need additional space, attach a separate page.

1. Describe in detail the reason(s) why you failed to meet the satisfactory academic progress policy.

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1. How do you plan to resolve and/or avoid the mitigating circumstance?

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1. How do you plan to maintain satisfactory academic progress in the future?

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All documents must be submitted in person to the Financial Aid Office. We do not accept faxed, mailed, or emailed SAP Appeals. The last day to submit any SAP Appeal document is 15 days after the start of the term.

**Probation**

Appeals are reviewed by Financial Aid counseling staff and you will be notified of outcome by email. If an appeal is approved, student is put on Financial Aid Academic Progress Probation for one term. Student must successfully complete the probationary term to be eligible for financial aid subsequent terms.

**Statement of Understanding:**

I certify that the above information is true and correct. I understand that I currently do not have financial aid and I am responsible for my fees and charges. Submission of an appeal does not defer required payments. I understand that not all appeals are approved and that decisions are final.

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Student Signature Date

For office use only

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_