

Satisfactory Academic Progress Appeal

910 Madison Avenue, Suite 520 | Memphis, TN 38163 | Office: 901-448-5568 | 901-448-1570 | fao@uthsc.edu | www.uthsc.edu/finaid Student Name: PLEASE PRINT UTHSC ID Number: Email Address: **DIRECTIONS:** Complete all items on page 1. Your academic advisor(s) must complete all items on page 2. Attach appropriate documentation and return to the Office of Financial Aid. I was unable to maintain Satisfactory Academic Progress during the previous academic period because (please check one of the following circumstances): 1. I experienced a death or major illness within my immediate family. 2. I experienced a personal illness or injury. 3. Other special circumstance 4. Withdrawal from all classes in a term Please explain the specific circumstances that prevented you from making Satisfactory Academic Progress during the previous academic year. You may attach as many additional pages as needed to fully explain your individual circumstance(s). Personal statements that do not provide sufficient information to fully explain your situation may cause your appeal to be denied. Documentation of your individual situation must also be provided. Please explain what has now changed and/or how you will address the circumstance(s) described above so that you can successfully complete your academic program. You may attach any additional pages or provide additional documentation, as needed.

———— TO BE COMPLETED AND SIGNED BY ACADEMIC ADVISOR ————

You must meet with your college's academic support staff. He or she must complete the information below and sign the form before your appeal can be considered.

Academic Staff:		
Please complete the following information as it pertains to you	ur student.	
Student's attempted credit hours:		
Student's completed credit hours:		
Student's cumulative grade point average (GPA):		
	student to meet minimum Satisfactory Academic Progress requirements . Minimum Cumulative GPA required by your degree program	:
	the student follows the plan described above the student will be meeti . By signing below the student cerifies that he/she will adhere to t ult in suspension of their federal financial aid.	
Academic Staff Member (Please print name)	PHONE NUMBER	
Academic Staff Member (Signature)	DATE	
Student (Signature)	 DATE	