

# University of Illinois Springfield – Office of Financial Assistance

One University Plaza, MS UHB 1015 -- Springfield, Illinois 62703-5407 -- Phone: (217) 206-6724 -- Fax: (217) 206-7376

## 2020-2021 Satisfactory Academic Progress Appeal Form

If you did not meet the Satisfactory Academic Progress (SAP) requirements due to extenuating circumstances, you may submit a formal appeal requesting the reinstatement of your financial aid eligibility. **Submitting an appeal does not automatically guarantee approval.**

*Note: If you failed to meet the SAP requirements due to incomplete (I) or not reported (NR) coursework, you may not need to appeal. Once the course(s) in question are reported in the Banner system, please notify the Office of Financial Assistance (OFA) in writing or via email if you feel you meet the various SAP requirements as the result of the course(s) now being reported.*

- Use this Satisfactory Academic Progress Appeal Form to write your appeal.** State clearly the circumstances which prevented your meeting the Satisfactory Academic Progress requirements:
  - What occurred, why did you fail to meet the SAP requirements?
  - How have you resolved these circumstances so that they will not continue to affect you in the future?
  - How have you resolved any unsatisfactory (F, W) grades?
- Meet with your academic advisor to complete the Evaluation of Academic Performance Form (attached).** If you submit your appeal without your evaluation, your appeal will not be considered.

If you were cancelled for exceeding the maximum time frame requirement to complete your degree, you must also submit a DEGREE PLAN.

  - It must verify your major and,
  - It must list the specific courses and number of hours remaining for your major and degree completion.
- Submit your complete appeal packet and all supporting documents by the published deadline for the term for which you are appealing.**
  - Appeals without supporting documentation **will be denied.**
  - If a professional is providing a letter to support your appeal, it must be signed, dated and **on letterhead.**
  - All letters must include contact information (address and phone number) for the committee to contact if they determine follow-up is necessary. However, you must document your circumstances in writing. Do not expect for the committee to use this contact information to call and document your circumstances for you.

Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Appeal is for (check term and indicate year) \_\_\_ Summer 20\_\_\_ \_\_\_ Fall 20\_\_\_ \_\_\_ Spring 20\_\_\_

Academic/Faculty Advisor's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

**Please attach your response to the following two questions, along with documentation supporting your claim to this form.**

1. Thoroughly describe the circumstances that led to your not meeting the Satisfactory Academic Progress requirements.
2. How to you plan to meet the Satisfactory Academic Progress requirements in the future?

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

Some examples of appropriate supporting documentation are as follows:

Family Circumstances	Medical Concerns	Work Circumstances
<ul style="list-style-type: none"> <li>• Marriage Certificate</li> <li>• Birth Certificate</li> <li>• Divorce Papers</li> <li>• Court Documents</li> <li>• Police Reports</li> <li>• A copy of plane tickets</li> </ul>	<ul style="list-style-type: none"> <li>• A copy of medical bills</li> <li>• Letter from Doctor:                             <ul style="list-style-type: none"> <li>o Verifying illness</li> <li>o Verifying treatment</li> </ul> </li> <li>• Supporting your ability to handle an academic course-load</li> </ul>	<ul style="list-style-type: none"> <li>• Letter from Employer:                             <ul style="list-style-type: none"> <li>o Verifying unemployment</li> <li>o Verifying reduced hours</li> </ul> </li> </ul>
Death	Emotional Concerns	Accident
<ul style="list-style-type: none"> <li>• Death Certificate</li> <li>• Obituary</li> <li>• Memorial Service Bulletin</li> </ul>	<ul style="list-style-type: none"> <li>• Letter from a counselor / therapist:                             <ul style="list-style-type: none"> <li>o Verifying treatment</li> <li>o Supporting your ability to handle an academic course-load</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Original police report</li> <li>• Medical documentation</li> <li>• Car repair bills</li> </ul>

Appeals will be reviewed by the Satisfactory Academic Progress Appeal Committee; the committee consists of members from various colleges and offices at UIS. The Committee will decide if your financial aid should be reinstated or remain in cancellation. You will be notified in writing by mail of the Committee's decision; the Committee's decision is final. Submitting incomplete documentation will result in a delay in processing your appeal or cancellation of your appeal.

Please make sure to include your name, nine-digit UIN number, current address, phone number, and email address on your appeal documents.

**Students in cancellation status may enroll in classes. However, if the appeal is denied the student is responsible for any charges incurred at UIS. Financial aid cannot be retroactively reinstated if an appeal is approved after a semester has ended. Aid cannot be retroactively reinstated if an appeal is incomplete and the documents are submitted after a term ends.**

You may call (217)206-6724 to make an appointment with your financial aid counselor to discuss your appeal. Your counselor will not be able to approve or deny your appeal, nor do financial aid counselors sit on the committee which reviews your appeal. Your counselor will only be able clarify any questions you have about this document, and to provide you with other financial aid options.

**There are SAP appeal deadlines for each semester. If appeals are not submitted in their entirety by the semester deadline, the appeal may not be reviewed until the following semester.**

**Appeal deadlines are as follows:**  
**Summer – June 15**  
**Fall – November 15**  
**Spring –April 15**

Only submit complete appeal packets with supporting documentation, do not submit documents individually.

Mail Appeals Documents To:  
 Office of Financial Assistance  
 Attn: Satisfactory Academic Progress Appeal Committee  
 One University Plaza, MS UHB 1015  
 Springfield, IL 62703

**University of Illinois Springfield – Office of Financial Assistance**

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**TO:** Academic Advisor

**FROM:** Office of Financial Assistance

**DATE:** \_\_\_\_\_

**RE:** Request for Written Evaluation of Academic Performance

To comply with federal regulations, the University of Illinois at Springfield is required to monitor whether a student is maintaining satisfactory academic progress in his/her course of study. Students who have been denied financial aid eligibility because they have not met the requirements of the Satisfactory Academic Progress Policy are offered the opportunity to submit an appeal to regain their financial aid eligibility. As part of the appeal, a student must document extenuating circumstances that prevented him/her from meeting the requirements.

Before the Satisfactory Academic Progress Appeal Committee may consider a student's appeal, the student is required to obtain a written evaluation of his/her past and potential academic performance at the University of Illinois at Springfield. Your evaluation will be treated as confidential and will be reviewed only by the Satisfactory Academic Progress Appeal Committee and financial aid staff as necessary.

The student presenting this document and Evaluation of Academic Progress Form to you will sign below that he/she authorizes your release of information. Once completed, please return to the student so that they may submit along with their appeal. Thank you in advance for your cooperation.

**STUDENT NAME:** \_\_\_\_\_ **UIN:** \_\_\_\_\_

*I hereby authorize the release of information regarding my academic performance at the University of Illinois at Springfield. I understand that this is a necessary component of my Satisfactory Academic Progress Policy Appeal and that the information will be released only to the Office of Financial Assistance.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Enclosed: EVALUATION OF ACADEMIC PERFORMANCE FORM*

# Degree/Academic Plan

(To be completed by Advisor)

Student Name: \_\_\_\_\_

UIN: \_\_\_\_\_

1. To the best of your knowledge, has the student made you or another academic advisor aware of any extenuating circumstances that may have hindered their past academic performance? If so, please comment.

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2. When will you complete your incompletes? \_\_\_\_\_

3. What is the plan for completing any unsatisfactory grades? \_\_\_\_\_

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4. **DEGREE/ACADEMIC PLAN:**

For each of the following categories, please list the courses and hours needed to complete the degree requirements:

General Education requirements needed (# hours):

ECCE requirements needed (# hours):

Core requirements needed (# hours):

INDIVIDUALIZED CONCENTRATION requirements needed (# hours):

General Elective requirements needed (# hours):

Total hours remaining to complete degree requirements \_\_\_\_\_

Evaluation completed by (please print) \_\_\_\_\_

College: \_\_\_\_\_ Phone: \_\_\_\_\_

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