

Some examples of appropriate supporting documentation are as follows:

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

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 financial aid 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 possible payment 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.

You may upload your appeal in Self-Service, email to finaid@uis.edu, fax to (217) 206-7376, or drop off to the office in UHB 1015.

University of Illinois Springfield – Office of Financial Assistance

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

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 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 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 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.

2. When will you complete your incompletes? _____

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

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: _____