

University of Illinois Springfield – Office of Financial Aid
2025-2026 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.

1. 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?

2. 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.

Last Name	First Name	M.I.	UIN
Street Address	City	State	Zip Code

Appeal is for (check term and indicate year): Fall 2025 _____ Spring 2026 _____ Summer 2026 _____

Please attach a word document with your response to the following two questions, along with documentation supporting your appeal.

1. Thoroughly describe the circumstances that led to your not meeting the Satisfactory Academic Progress requirements.
2. How have you resolved these circumstances so that they do not continue to affect your Satisfactory Academic Progress requirements in the future?

I certify that the information on this form and on any attached pages is true and accurate.

Student Signature: _____ **Date:** _____

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 	<p>Letter from Doctor:</p> <ul style="list-style-type: none"> • Verifying illness • Verifying treatment • Supporting your ability to handle an academic course-load 	<p>Letter from Employer:</p> <ul style="list-style-type: none"> • Verifying unemployment • Verifying reduced hours
Death	Emotional Medical Concerns	Accident
<ul style="list-style-type: none"> • Death Certificate • Obituary • Memorial Service Bulletin 	<p>Letter from a counselor / therapist:</p> <ul style="list-style-type: none"> • Verifying treatment • 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 cancelled. You will be notified by email 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.

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.

Completed appeal forms and all supporting documentation must be received by the deadline for the semester in which you are appealing.

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 Aid
2025-2026 Satisfactory Academic Progress Appeal Form

TO: Academic Advisor

FROM: Office of Financial Assistance

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.

I 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.

STUDENT NAME

DATE

Degree/Academic Plan

(To be completed by Academic Advisor)

This student is pursuing an appeal through the office of Financial Aid regarding Satisfactory Academic Progress Cancellation. This form must be completed, and the student's appeal must be reviewed before their eligibility can be determined.

STUDENT LAST NAME

STUDENT FIRST NAME

UIN

<i>Degree Audit Information</i>	<i>Please complete all fields</i>
Primary Major/Minor	
Total hours required by college to complete the degree requirements	
Number of hours student is enrolled for the semester	
Number of hours student needs to graduate (not including current enrolled hours)	
Anticipated graduation date	

If you feel there is additional information the Satisfactory Academic Progress Appeals Committee should be aware of as the students' appeal is reviewed, please use the space below or attach a separate statement. Please feel free to include any additional information which could assist in evaluating the students' appeal. If the student is approaching completion of their academic program, provide very detailed information about the remaining requirements and the needed timeframe for completion of these requirements.

I have reviewed the student's academic progress and am working with the student to develop a plan of study that, if followed, will allow the student to successfully meet degree requirements.

Academic Advisor's Name (please print)

Date

Academic Advisor's Signature

Campus Telephone

College/Department

Email Address