

The University of Montana Western

Financial Aid Satisfactory Academic Progress Appeal Form

Satisfactory Academic Progress (SAP) is cumulative in nature and takes into account all classes attempted, not just the previous academic year. You should review the SAP policy on the web at: <http://financialaid.umwestern.edu/forms.html>.

Please submit to:
(Mail) Financial Aid Office, 710 S Atlantic Street, Dillon MT 59725
(Fax) (406) 683-7510
(In Person) Short Administration Building

If you have experienced extenuating circumstances that prevented you from satisfying the requirement(s), you may appeal using this form.

Student's name _____
Last First MI

E-mail: _____ Student ID: _____ Phone: _____

Semester planning to attend if approved (circle only one): Summer Fall Spring

TRIO Student: Yes or No

What type of appeal are you submitting? (Check all that apply) Maximum Time Frame (150% x credits needed for degree) CGPA (<2.0) Completion Ratio (67% completion ratio passed/attempted)

What to Submit for All Appeals

1.	Print and complete this appeal form & the Academic Success Plan
2.	Degree Program (Major) _____ Graduation date _____ I must get with my Advisor or with the Advising Center and attach a degree plan for my major identifying clearly the remaining courses required to complete my degree.
3.	Have you completed one or more prior degrees? (circle one) Yes No
4.	You will need to provide: A. A typewritten, signed, detailed explanation of how extenuating circumstances beyond your control prevented you from meeting the requirements of Satisfactory Academic Progress. Extenuating circumstances include, but are not limited to: <ul style="list-style-type: none">• Documented medical condition or serious illness (mental or physical)• Documented learning disability• Death of a family member or friend• Involuntary call to active duty• Documented change in conditions of employment• Other extraordinary/emergency circumstances, such as natural disaster B. You must explain what has changed or has been resolved that will allow you to maintain satisfactory academic progress. C. You must review, initial and sign the Academic Success Plan and submit with your appeal. D. You must get with your advisor or the advising center and complete a degree plan for your major & submit it with your appeal. ✓ MAXIMUM TIME FRAME APPEALS <ul style="list-style-type: none">• Explain why you have attempted more than 150% of the required number of credit hours for your current program without graduating• If you are pursuing an additional degree, explain why you need to do so
5.	You must attach documentation to support your appeal. No medical documents. Letters from medical facility only and it must be on letterhead from the facility. All documents must be legible.

Your appeal will not be reviewed if you have any missing items required from above.

Documents must be submitted according to the requirements listed above; however, this **DOES NOT GUARANTEE APPROVAL**.

REVIEW: Appeals are reviewed each month as needed. Appeal results will be emailed to your Montana-Western student email.

IF THE APPEAL IS DENIED: An additional appeal may be submitted **IF** additional information becomes available.

APPEAL DEADLINES: First Thursday of each month.

Certification Statement: By signing below, I acknowledge that I have read and understand the information on this form. I certify that all information submitted with this appeal is accurate and true to the best of my knowledge. I have read and understand the Satisfactory Academic Progress (SAP) Policy and understand that submitting this form does not guarantee that my request will be granted. <https://w.umwestern.edu/wp-content/uploads/2018/04/SAP-Policy-University-of-Montana-Western.pdf>

Student Signature

Date

Approved: _____ DATE _____ Denied: _____

The University of Montana Western

ACADEMIC SUCCESS PLAN

Please read and initial the following statements at the Financial Aid Office to begin the processing of your Academic Success Plan. Please sign and date when you have read and understand the conditions of your Academic Success Plan.

- I have 2 copies of my Degree Plan:
- One to be signed by me and returned to Financial Aid. **Submit with your appeal.**
 - One for my reference when enrolling in any future classes.

- I understand my aid will be reviewed **PRIOR** to EACH semester. Items reviewed are:
- Courses – **must** be only in courses required for the major which I appealed for:
_____ (major).
 - *If I enroll in any coursework **NOT** on my degree plan, my aid will be cancelled and my appeal will be voided.*
 - Major – must match the major I placed on my appeal, listed in DAWGS and that I have identified above.

- I understand that my academic progress will be reviewed at the **end** of each semester and my aid for the following semester will **not** be released until my courses have been verified.

- I understand that if I have failed **or** withdrawn from any courses, my appeal will be voided and my aid will be cancelled for any future semesters. I understand this means I must receive a passing grade (refer to SAP policy) for all classes in which I enroll **EACH** semester.

- I have kept a copy of my appeal for my records.

- I understand that it is **my responsibility** to read and understand the process of my appeal.

- If my appeal indicates a major that requires program admission, I will submit a copy of an acceptance letter. If I anticipate being accepted **after** I appeal, I will contact Financial Aid to review my appeal when accepted into the program.

- I understand there is tutoring available within the Learning Center.

- Disability Services Coordinator is Cecelia Kuskie (406) 683-7388, located in the Dean of Students Center.

Signature (required)

Date

Student ID