



SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

NAME _____ STUDENT ID#: _____

1. What is your current major? _____

2. What is your graduation date? _____ / _____

STEP 1: REASON FOR SAP APPEAL

Please check all that apply:

- COMPONENT 1: UNSATISFACTORY GPA**
 - I currently have a cumulative grade point average (GPA) below the minimum standards.
- COMPONENT 2: UNSATISFACTORY PACE STANDARD OF CLASSES ATTEMPTED**
 - I currently have a cumulative pace of progression below the required standards.
- COMPONENT 3: MAX TIME FRAME**
 - I currently have exceeded the max attempted credits hours set by my academic program.
- ALL OF THE ABOVE**

STEP 2: APPEAL INSTRUCTIONS

COMPONENT 1 & 2 INSTRUCTIONS:

Students must submit the SAP appeal form and the academic plan below, along with all documentation supporting their mitigating circumstances such as, death of a relative, illness, injury, special circumstances or other unforeseen circumstances that were beyond a student's control that affected their ability to meet SAP standards 1 & 2.

COMPONENT 3 MAX TIME FRAME INSTRUCTIONS:

Students who have an SAP Unsatisfactory flag due to component (3) max time frame must email their academic advisor. Your advisor will need to send your degree audit and advising recommendations to the office of financial aid. It is recommended that each student email their advisors as soon as possible to request their SAP degree audit and recommendations as the appeal process may take 2 to 4 weeks to complete. Students must also complete the SAP appeal form and academic plan below.

Students who are entering their clinical programs in the Summer or Fall semester.

Any student who is entering their first year of clinicals of their academic program and have been flagged only for unsatisfactory SAP component (3) max time frame, may submit an SAP appeal form along with their clinical acceptance letter and submit it straight to the office of financial aid via email. The student also does not need to meet with their academic advisors, if this is the case. As an approval of clinicals is enough evidence that a student is progressing through their program at a pace that will ensure graduation within their program's timeframe. Again, this only applies to students who are entering clinicals for the 1st time. Students who are already in clinicals must email their academic advisor.

* Clinical acceptance letter can be downloaded as a PDF via FranU's application portal linked below:

<https://apply.franu.edu/apply/>.



ACADEMIC PLAN

In order to regain satisfactory academic progress, I will:

- **Earn the minimum required GPA (2.0-UG & 3.0-GR) each semester.**
If you are not meeting Component 1, you have TWO semesters to bring you cumulative GPA up to the minimum required GPA.
- **Complete at least 75% of the hours you attempt each semester.**
If you are not meeting Component 2, you will have TWO semesters to bring your completion percentage up to 75%.
- **Satisfactorily complete courses listed on your Degree Audit each semester.**
If you are not meeting Component 3, upon the next SAP review, you are expected to have completed courses listed on your degree plan, and you must be on track to graduate by this date.

My signature below indicates:

- **I understand the approval terms of the academic plan detailed for me above. I also understand that failure to meet the SAP academic plan set above will result in loss of eligibility for federal student aid.**
- **I understand that the office of financial aid will not review any SAP appeal form that is incomplete and that has no documentation and may result in an immediate denial. I will submit all required documents.**

Please send SAP appeal form and all supporting documents to the office of financial aid via email at financialaid@franu.edu in order for it to be reviewed.

Student Signature (Please sign, electronic signature not accepted)

Date

FINANCIAL AID OFFICE USE ONLY:

ENROLLMENT DATE: _____ CPGA: _____ SEMESTER GPA: _____
 CUM HRS ATTEMPTED: _____ CUM HRS EARNED: _____ COMPLETION RATE: _____
 NUMBER OF PRIOR APPEALS: _____
 DECISION: APPROVED DENIED COUNSELOR: _____ Date: _____
 2nd APPEAL—IN HOUSE INTERVIEW COMMITTEE DECISION: Approved Denied

Signature Date

Signature Date

Signature Date

Signature Date