2016–17 SATISFACTORY ACADEMIC PROGRESS PETITION

In order to appeal the denial of your continued financial aid eligibility resulting from not meeting the Student Financial Affairs (SFA) Satisfactory Academic Progress standards, you must complete an Satisfactory Academic Progress (SAP) Petition and submit ALL required supporting documentation. For more information about UF’s satisfactory academic progress requirements, please see http://www.sfa.ufl.edu/process/additional-information/satisfactory-academic-progress-policy/.

Petitions submitted without all required documentation will be regarded as incomplete and will be denied.

Return completed petitions to the Office of Student Financial Affairs. Students are strongly encouraged to submit their petitions by the corresponding semester dates below for the following academic year. Complete petitions will usually be evaluated within ten working days. You will be notified of the outcome of your petition via ONE.UF, on the Aid Status page for the appropriate academic year.

Satisfactory Academic Progress Petition Deadlines

<table>
<thead>
<tr>
<th>Semester</th>
<th>Submit Appeal By:</th>
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</thead>
<tbody>
<tr>
<td>Fall 2016</td>
<td>November 18, 2016</td>
</tr>
<tr>
<td>Spring 2017</td>
<td>April 14, 2017</td>
</tr>
<tr>
<td>Summer 2017</td>
<td>July 21, 2017</td>
</tr>
</tbody>
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Note: Late appeal submissions are subject to federal regulations with regard to the awarding and/or disbursement of financial aid funds.

SECTION I. General Information (to be completed by the student)

Name (First, Last): ____________________________  UF Student ID: ____________________________
Phone: ____________________________  Email: ____________________________  Current Class & College: ____________________________
Major or Program: ____________________________  Expected Graduation Date (mm/yyyy): ____________________________
Student’s Signature: ____________________________  Date: ____________________________

SECTION II. Statement of Appeal (to be completed by the student)

1. Please consider my request for financial aid reinstatement for the following term(s) (check ALL that apply):
   ___ Fall 2016  ___ Spring 2017  ___ Summer 2017

2. I am appealing the following financial aid satisfactory academic progress (SAP) requirements (check ALL that apply):
   ___ Cumulative minimum GPA
   ___ Successful completion of attempted hours < 75%
   ___ Maximum attempted hours for degree completion
   ___ Post-baccalaureate status
   ___ Didn’t meet prior petition conditions

3. Provide a signed and dated detailed explanation of the circumstances that resulted in your not meeting the SAP standard(s) listed above and provide support documentation. Review page 3 of this document for examples of support documentation.
### SECTION III. ACADEMIC ADVISING (to be completed by the Dean, Department Head, or Academic Adviser)

| Cumulative GPA | Provide a plan of work (courses and/or course load) in which the student is advised to enroll in order to raise cumulative GPA to the required standard. In the comments section, please include (if appropriate) the grades and/or length of time necessary to reach the required GPA. |
| Successful Completion of Attempted Credit Hours <75% | Outline courses and/or course load in which the student is advised to enroll that will allow him/her to successfully complete at least 75% of his/her course load. |
| Exceeded the Maximum Number of Attempted Hours for Degree Completion | 1. Provide a plan of work (courses and/or course load) in which the student is required to enroll that will successfully progress him/her toward completion of his/her program.  
2. Include the length of time it will take for the student to complete his/her program.  
3. Please check if the student exceeded the maximum number of attempted credit hours as the result of a major change, repetitive coursework, transfer credits, and/or the completion of a major, minor, or certification. |

<table>
<thead>
<tr>
<th>Course</th>
<th>Required?*</th>
<th>Course</th>
<th>Required?*</th>
<th>Course</th>
<th>Required?*</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>Y / N</td>
<td>__________</td>
<td>Y / N</td>
<td>__________</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

* Required for major, minor, or degree completion.

**Reason for exceeding maximum hours:**  
___ Change of Major  
___ Repetitive Coursework  
___ Completion of Major  
___ Completion of Approved Minor  
___ Transfer Credits  
___ Completion of Certificate

**Additional Information for Maximum Hours Petitions:**  
Remaining credit hours needed to complete degree or certification requirements (including the current semester): ______________

Timeframe for degree completion (expected graduation): _____________________________

Academic Advising Comments (attach additional sheets if necessary): ________________________________________________________________________

_______________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________

__________________________________________________________________________                                _______________________________________________________________

Academic Adviser Signature/Date                              Phone Number/Email

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### Post baccalaureate Student ONLY: (to be completed by dean/department head, or academic adviser)

1. This student is seeking a second undergraduate degree or teacher certification (Please identify degree or certification.)

2. This student is pursuing special undergraduate studies required for admission into a graduate program or requirements for certification other than teaching.

3. Other: ____________________________________________________________

4. Please indicate the terms it will require for the student to complete his/her degree/certification:  
   20 Fall  20 Spring  20 Summer  20 Fall  20 Spring  20 Summer

_____________________________                                                                                     _____________________________

Signature (dean/department head/academic adviser)                                                                                            Date

Print Name/Title: _______________________________________________________       Phone Number/Email: ______________________________________________________
<table>
<thead>
<tr>
<th>Example Reasons for Submitting an SAP Petition</th>
<th>Examples of Support Documentation (not inclusive):</th>
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<tbody>
<tr>
<td><strong>Personal Crisis</strong></td>
<td>1. A detailed explanation of the crisis including the date of occurrence, duration, and how it negatively affected your coursework. &lt;br&gt;2. Support documentation (i.e. physician’s statement, copy of police report, Personal Protection Order, medical documentation). &lt;br&gt;3. Support documentation regarding what steps you’ve taken to resolve the crisis and successfully move forward (i.e. physician’s statement, academic adviser, 3rd party agency that assisted you with resolving this crisis).</td>
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<tr>
<td><strong>Death of a Family Member/Roommate/Close Friend</strong></td>
<td>1. A detailed statement including the name of the deceased and his/her relationship to you with an explanation of how this event negatively affected your coursework. &lt;br&gt;2. Support documentation (i.e. copy of the obituary, notice of the funeral, or death certificate). &lt;br&gt;3. Support documentation that demonstrates your ability to return to classes and successfully complete your course load (i.e. statement from academic adviser, letter of support from Counseling and Wellness Services, physician statement).</td>
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<tr>
<td><strong>Personal Illness or injury (including medical withdrawal)</strong></td>
<td>1. A detailed explanation of the medical circumstances including the date of occurrence, duration, and how it negatively affected your coursework. &lt;br&gt;2. Support documentation (i.e. physician’s statement, copy of police report, medical documentation). &lt;br&gt;3. Support documentation regarding what steps you’ve taken to successfully move forward (i.e. statement from a physician, DSO, academic adviser, or 3rd party agency that assisted you during your illness or injury).</td>
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<tr>
<td><strong>Illness of a family member</strong></td>
<td>1. A detailed explanation of the medical circumstances of the family member, including the name and relationship of the family member to you, the date(s) of occurrence(s), duration, and how it negatively affected your coursework. &lt;br&gt;2. Support documentation (i.e. physician’s statement, medical documentation) &lt;br&gt;3. Support documentation regarding what steps you’ve taken that will allow you to successfully move forward (i.e. physician’s statement, academic adviser, 3rd party agency).</td>
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<tr>
<td><strong>Academic Hardship Due to Disability (to include medical withdrawal)</strong></td>
<td>1. A detailed explanation regarding the nature/type of disability and how it’s negatively impacted your academic progress. &lt;br&gt;2. Support documentation (i.e. physician’s statement, medical documentation, counselor statement) substantiating the nature/type of disability and how it’s impacted your academic progress. &lt;br&gt;3. Support documentation regarding what steps you’ve taken to successfully move forward (i.e. physician's statement, DSO, academic adviser, 3rd party agency that has been and is assisting you with your disability and/or academic progress).</td>
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<tr>
<td><strong>Exceeded Maximum Hours for Degree Completion</strong></td>
<td>1. A detailed explanation of the circumstances that resulted in your exceeding the maximum hours required to obtain a degree in your program of study. &lt;br&gt;2. A prescribed academic plan of work from an academic adviser outlining your remaining degree requirements and projected completion date.</td>
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<tr>
<td><strong>Fresh Start Program/Academic Dismissal</strong></td>
<td>1. An explanation of the circumstances that resulted in your not meeting the SAP standards. &lt;br&gt;2. A detailed explanation of the change in your circumstances that has diminished or eliminated the difficulties you experienced during your previous enrollment. &lt;br&gt;3. A prescribed academic plan of work from an academic adviser outlining what courses and/or course load you will enroll in that will aid you in meeting the SAP standards.</td>
</tr>
<tr>
<td><strong>Other Circumstances</strong></td>
<td>1. A detailed explanation of the circumstances and how they negatively impacted your academic progress. &lt;br&gt;2. Support documentation substantiating your circumstances. &lt;br&gt;3. Support documentation supporting that your circumstances have either been resolved or are being managed. &lt;br&gt;4. A prescribed academic plan of work from an academic adviser outlining what courses and/or course load you will enroll in that will aid you in meeting the SAP standards.</td>
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