2019-20 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 a 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/SAP](http://www.sfa.ufl.edu/SAP).

Petitions submitted without all required sections and 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 deadline dates below for the corresponding semester. Complete petitions will usually be evaluated within ten working days. You will be notified of the outcome of your petition via your UF email and your ONE.UF financial aid page for the appropriate academic year.

Satisfactory Academic Progress Petition Deadlines*

<table>
<thead>
<tr>
<th>Semester</th>
<th>Submit Appeal By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2019</td>
<td>November 15, 2019</td>
</tr>
<tr>
<td>Spring 2020</td>
<td>April 10, 2020</td>
</tr>
<tr>
<td>Summer 2020</td>
<td>July 17, 2020</td>
</tr>
</tbody>
</table>

*Late appeal submissions are subject to federal regulations with regard to the awarding and/or disbursement of financial aid funds.

General Information About the Student

Name (First, Last): ___________________________ UF Student ID: _____________

Phone: ___________________________ Email: __________________________________

Program and Academic Level: _________________________________________________

Student’s Signature: ___________________________ Date: __________________________

No Electronic Signatures

Reason for the Appeal

1. Please consider my request for financial aid reinstatement for the following term:

   ___ Fall 2019   ___ Spring 2020   ___ Summer 2020

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
   _____ Didn’t meet prior petition conditions

Personal Statement of Appeal

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.
Name (First, Last): ____________________________  UF Student ID: __________________

**Academic Plan of Work**

*This is to be completed by the Dean, Department Head or Academic Adviser.*

- Only courses that are required for your degree will be considered when determining eligibility for all financial aid.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course (List courses only for the term you are petitioning for.)</th>
<th>Required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fall</td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ Spring</td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ Summer</td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Year ____________

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Recommended course load for this semester =

Remaining credit hours needed to complete degree or certification requirements = __________

*(including this semester)*

or

Length of time for student to meet Satisfactory Academic Progress Standards = __________

(i.e. 1 semester, 2 semesters)

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

Advisor Comments

_________________________________________________________________________________

_________________________________________________________________________________

____________________________________  ____________________________________________________________________________

____________________________________  ____________________________________________________________________________

Academic Adviser Signature/Date  Email Address/Phone Number

*No Electronic Signatures.*
<table>
<thead>
<tr>
<th>Example Reasons for Submitting an SAP Petition</th>
<th>Examples of Support Documentation (not inclusive):</th>
</tr>
</thead>
</table>
| **Personal Crisis** | 1. A detailed explanation of the crisis including the date of occurrence, duration, and how it negatively affected your coursework.  
2. Support documentation (i.e. physician’s statement, copy of police report, Personal Protection Order, medical documentation).  
3. Support documentation regarding what steps you’ve taken to resolve the crisis and successfully move forward (i.e. physician’s statement, academic advisor; 3rd party agency that assisted you with resolving this crisis). |
| **Death of a Family Member/Roommate/Close Friend** | 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.  
2. Support documentation (i.e. copy of the obituary, notice of the funeral, or death certificate).  
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). |
| **Personal Illness or injury (including medical withdrawal)** | 1. A detailed explanation of the medical circumstances including the date of occurrence, duration, and how it negatively affected your coursework.  
2. Support documentation (i.e. physician’s statement, copy of police report, medical documentation).  
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). |
| **Illness of a family member** | 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.  
2. Support documentation (i.e. physician’s statement, medical documentation)  
3. Support documentation regarding what steps you’ve taken to successfully move forward (i.e. physician’s statement, academic adviser; 3rd party agency). |
| **Academic Hardship Due to Disability (to include medical withdrawal)** | 1. A detailed explanation regarding the nature/type of disability and how it’s negatively impacted your academic progress.  
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.  
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). |
| **Exceeded Maximum Hours for Degree Completion** | 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.  
2. A prescribed academic plan of work from an academic adviser outlining your remaining degree requirements and projected completion date. |
| **Fresh Start Program/Academic Dismissal** | 1. An explanation of the circumstances that resulted in your not meeting the SAP standards.  
2. A detailed explanation of the change in your circumstances that has diminished or eliminated the difficulties you experienced during your previous enrollment.  
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. |
| **Other Circumstances** | 1. A detailed explanation of the circumstances and how they negatively impacted your academic progress.  
2. Support documentation substantiating your circumstances.  
3. Support documentation supporting that your circumstances have either been resolved or are being managed.  
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. |