Spring 2021 Satisfactory Academic Progress Appeal Form
Priority Deadline: Monday, November 23, 2020

A student may appeal the suspension of their financial aid eligibility resulting from failure to meet the Satisfactory Academic Progress criteria by submitting this form along with a typed explanation of the circumstance that caused your lack of academic progress, any supporting documentation and a degree plan from your academic advisor by close of business on March 12, 2021. Please outline the changes you have made to prevent this situation from recurring. Be specific in your explanation. Failure to submit adequate documentation upon initial submission will result in an automatic denial. ALL APPEAL DECISIONS ARE FINAL. Please allow 10-15 business days for the appeal decision. A copy of the Satisfactory Academic Progress Policy can be found on the ULM Office of Financial Aid web site: https://www.ulm.edu/financialaid/studentinfo.html. An appeal decision may impose limitations upon aid eligibility and/or future minimum academic standards. You will be notified of the appeal decision via ULM student email and/or Banner. It is the student’s responsibility to make other arrangements to pay any tuition and fees while appeal is being reviewed.

Name: ________________________________  CWID: ___________________________  DOB: ____________

Address: ________________________________  Phone #: __________________________

______________________________  __________________________  ________________
City State Zip

Email: ________________________________

Academic Level (circle one)  Undergraduate  Graduate  Professional  Doctorate

DESCRIPTION OF POTENTIAL CIRCUMSTANCES AND REQUIRED DOCUMENTATION

1. Personal injury or illness of self
   • Statement (must be typed) of circumstances, detailing medical condition that impaired performance and why future academic performance will not be impaired by condition.
   • Statement from doctor, health services, etc. detailing the medical condition that impaired academic performance. The statement should specifically address the following:
     o The student’s limiting medical condition and date span for which conditions existed.
     o If the condition may have impaired academic performance.
     o If the student has rehabilitated to such an extent that the medical condition should not significantly impair future academic performance.

2. Illness, Injury or death of an immediate family member.
   • Statement (must be typed) of circumstances, detailing medical condition.
   • Statement from doctor detailing medical condition incurred by family member. Statement should specifically address medical condition and date span for which the condition existed.
   • If deceased- death certificate or obituary.
3. **Other extenuating circumstance** (Work does not qualify as an extenuating circumstance)
   - Statement from student (must be typed) detailing circumstance(s) impairing overall academic performance and why future academic performance will not be impaired by circumstances.
   - Supporting documentation of your extenuating circumstance.
   - ULM Degree Plan (must include course names and course numbers).
   - ULM Degree Plan must have expected date of graduation if within two semesters of completing your degree.

4. **Any student pursuing a 2nd degree or beyond**: Please be sure your admission into new program is complete and updated by Admissions.
   - Statement (must be typed) from student detailing circumstances impairing overall academic performance and why future academic performance will not be impaired by circumstances.
   - ULM Degree Plan print out with expected date of graduation if within two semesters of completing your degree. (Must include course names and course numbers)

__________________________  ______________________
Student Signature                    Date

For Office Use Only:

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<th>Current GPA:</th>
<th>Required GPA:</th>
<th>Total Hours Attempted:</th>
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<th>Term last attended:</th>
<th>Total Hours Earned:</th>
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Approved:______ Denied:______ Other:____________________

Comments:____________________________________

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Reviewed by:                Date: