Spring 2022 Satisfactory Academic Progress Appeal Form  
Priority Deadline: Monday, November 15, 2021

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. 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. **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.** If your appeal is approved, you are expected to complete 100% of classes you attempt while on appeal. (no F, W, or I grades while in probationary status). You also have to make a semester GPA of 2.0 for UG and 3.0 for GR while on appeal.

Name: ___________________________ CWID: ___________________ DOB: __________
Address: ___________________________ Phone #: ______________________
_______________________________________________ Email: ______________________
City                         State                         Zip

Academic Level (circle one)   Undergraduate  Graduate  Professional  Doctorate

Major: ______________________  Expected Graduation Date: ___________ Hours Remaining: __________

**CHOOSE YOUR 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.
   - A Degree Plan from the Academic Advisor.

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)

Name: _______________________________  CWID: _______________________________

Student Signature __________________________  (No e-signature)  Date __________________________