UNIVERSITY OF MINNESOTA MORRIS

SATISFACTORY ACADEMIC PROGRESS APPEAL

This form is used to appeal financial aid Satisfactory Academic Progress (SAP) suspension. SAP standards ensure that students are successfully completing coursework and can continue to receive financial aid.

Appeal deadline dates:
Fall 2023 - October 13, 2023
Spring 2024 - March 8, 2024
Summer 2024 - June 14, 2024

DIRECTIONS:
Submit this completed form and additional documentation using the electronic dropbox at z.umn.edu/MorrisDocuments.

QUESTIONS:
One Stop Student Services

105 Behmler Hall
600 East 4th Street
Morris MN 56267-2132

320-589-6046
ummonestop@morris.umn.edu

Student Information	
Preferred Name	Student ID Number
Primary/Legal Name (last, first, middle initial)	Phone Number
Term of Appeal: ☐ Fall ☐ Spring ☐ Summer Year _____	

Student Explanation
Reason for financial aid SAP suspension (check all that apply): ☐ GPA   ☐ Credit completion ratio   ☐ Maximum time frame exceeded   ☐ Readmission after collegiate suspension
Be specific in describing the special circumstances that interfered with your ability to meet SAP standards. Refer to the SAP website for appeal reasons and examples of required documentation. If applicable, describe actions you will take to improve your academic performance. Submit additional pages if necessary.

Certification	
By signing this form, I certify that all the information reported is complete and correct.	
Student Signature	Date

Preferred Name	Student ID Number

Review the reason(s) your advisee is on financial aid SAP suspension and develop an academic plan leading up to graduation with them. This plan, if successfully followed, will result in the student meeting the required financial aid SAP standard.

Anticipated graduation date: ☐ Fall ☐ Spring ☐ Summer   Year _____

Academic planning software used: ☐ APAS ☐ Grad Planner ☐ Other _____

Complete the Academic Plan below.

☐ Fall ☐ Spring ☐ Summer	Year _____		☐ Fall ☐ Spring ☐ Summer	Year _____
Subject & Course #	Subject & Course #		Subject & Course #	# of Credits

☐ Fall ☐ Spring ☐ Summer	Year _____		☐ Fall ☐ Spring ☐ Summer	Year _____
Subject & Course #	# of Credits		Subject & Course #	# of Credits

☐ Fall ☐ Spring ☐ Summer	Year _____		☐ Fall ☐ Spring ☐ Summer	Year _____
Subject & Course #	# of Credits		Subject & Course #	# of Credits

Describe actions that you and the student discussed to improve their academic performance (i.e. referral to campus support staff, reduced credit load, change in academic plans, and/or change in class schedule). Submit additional pages if necessary.

Advisor Name	Advisor Signature	Date

To request this form in an alternative format, contact the Disability Resource Center at 320-589-6178 or ummssc@morris.umn.edu.

Academic Support Resources
OFA
Reviewed 7-18-23