SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Drexel Central will notify students who are failing to meet the University's Satisfactory Academic Progress (SAP) policy for financial aid.

The Satisfactory Academic Progress (SAP) policy has two components: first, the students are required to maintain a specified cumulative GPA; and second, they must complete a specified percentage of all courses attempted.

To submit an appeal the student should complete this form and provide it to your academic advisor. Drexel Central notifies students of appeal results and if approved, the conditions and instructions for signing the SAP probation contract before aid will be reinstated.

Student Information

Date: _____ Drexel ID Number: _____ Aid Year: _____

Last Name: _____ First Name: _____ MI: _____

☐ Graduate ☐ Undergraduate

1. Have you been on academic probation within the past academic year? ☐ Yes ☐ No

2. Do you have any grades (including Study Abroad) that have been or will be updated that may result in a different SAP Calculation? ☐ Yes ☐ No

   If yes, please describe: _____

   _____

   _____

   _____

   _____

   _____

3. What circumstances led to your poor academic performance; or made you unable to complete your coursework resulting in failing SAP?

   _____

   _____

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_____

_____

_____

_____

4. How will the above circumstances be different next term?

_____

_____

_____

_____

_____

5. Use the GPA calculator in DegreeWorks to answer: If you failed SAP due to minimum GPA, you need grades of _____ to meet the required minimum GPA.

6. How many hours a week do you spend on academic work? _____

7. Why should your SAP appeal be granted?

_____

_____

_____

_____

_____

By signing this worksheet, I certify that all of the information reported is complete and correct. I understand that the Financial Aid Office, in conjunction with my College, will make a final determination regarding my appeal which is binding and final. I also understand that if granted an approval, I am responsible for meeting all of the probationary requirements in order to remain eligible to receive financial aid.

_____ _____

Student Signature **Date**

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For Office Use Only:

Student ID Number: _____

College/School:

Appeal Endorsed: _____ Appeal Not Endorsed: _____

If endorsing, please indicate the criteria the student must meet below:

1) _____ max credits for _____ term
2) _____ term GPA for _____ term
3) _____ CUM GPA by _____ term
4) _____ finish incomplete(s) by _____term
5) _____ % credits completed for _____term
6) 100% of completed Co-Op for _____ term
7) _____ (other)

_____ _____ _____
Name Signature Date

Please Fax Completed Appeal form to 215-895-2939

Financial Aid Office

Appeal Endorsed: _____ Appeal Not Endorsed: _____

If endorsing, please indicate the criteria the student must meet below:

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2) _____ term GPA for _____ term
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_____ _____
Drexel Central Signature Date