

Student Name: _____

PLEASE PRINT

UTHSC ID Number: _____ Email Address: _____

DIRECTIONS:

- Complete all items on page 1.
- Your academic advisor(s) must complete all items on page 2.
- Attach appropriate documentation and return to the Office of Financial Aid.

I was unable to maintain Satisfactory Academic Progress during the previous academic period because (please check one of the following circumstances):

- ☐ 1. **I experienced a death or major illness within my immediate family.**
- ☐ 2. **I experienced a personal illness or injury.**
- ☐ 3. **Other special circumstance**
- ☐ 4. **Withdrawal from all classes in a term**

Please explain the specific circumstances that prevented you from making Satisfactory Academic Progress during the previous academic year. You may attach as many additional pages as needed to fully explain your individual circumstance(s). Personal statements that do not provide sufficient information to fully explain your situation may cause your appeal to be denied. Documentation of your individual situation must also be provided.

Please explain what has now changed and/or how you will address the circumstance(s) described above so that you can successfully complete your academic program. You may attach any additional pages or provide additional documentation, as needed.

_____ **TO BE COMPLETED AND SIGNED BY ACADEMIC ADVISOR** _____

You must meet with your college's academic support staff. He or she must complete the information below and sign the form before your appeal can be considered.

Academic Staff:

Please complete the following information as it pertains to your student.

Student's attempted credit hours: _____

Student's completed credit hours: _____

Student's cumulative grade point average (GPA): _____

Please **provide an academic plan** needed for the student the student to meet minimum Satisfactory Academic Progress requirements:

1. Cumulative 67% completed/attempted credit hours and 2. Minimum Cumulative GPA required by your degree program

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

By signing below the Academic Staff member certifies that if the student follows the plan described above the student will be meeting minimum SAP standards by the end of the academic plan. By signing below the student certifies that he/she will adhere to this academic plan and failure to meet the academic plan will result in suspension of their federal financial aid.

Academic Staff Member (Please print name)

PHONE NUMBER _____

Academic Staff Member (Signature)

DATE _____

Student (Signature) _____

DATE _____