UNT DALLAS
STUDENT SUCCESS
OFFICE OF FINANCIAL AID & SCHOLARSHIPS

SAP Checklist – Spring 2022

Appeal must include:

- ❑ Appeal form
- ❑ Personal statement
- ❑ Supporting documentation ***any documentation supporting what is being stated in the personal statement***
- ❑ Academic plan
- ❑ Letter/Statement from Academic Advisor or Program Coordinator for Graduate Students

An appeal is considered incomplete without all of the above documentation and will not be submitted to the committee for review.

All completed appeals received by Monday of each week will receive a decision by the Tuesday of the following week.

Example:

Appeal submitted by:	*Receive decision by:
January 3rd	January 11th
January 10th	January 18th
January 17th	January 25th
January 24th	February 1st
April 18th*	***April 26th***

*****Final deadline to submit completed SAP Appeals for Spring 2022 is April 18, 2022. No new appeals will be accepted after this date*****

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Satisfactory Academic Progress (SAP) Appeal

Last Name_____ **First Name**_____ **Last 4 digits of SSN**_____

Date of Birth_____ **Student Identification Number (SID)** _____

Phone Number_____ **Email** _____

Review the Satisfactory Academic Progress (SAP) Policy and Appeal Process outlined https://finaid.untdallas.edu/satisfactory-academic-progress to determine if you are eligible to appeal for financial aid. **If you wish to be considered for reinstatement of financial aid, you must submit this form, your written appeal statement, supporting statement from your Academic Advisor, an academic plan, and any supporting documentation** in person, by mail, fax, or email. **All appeals must be submitted no later than the published final deadline for the term that you are requesting the appeal. Appeals submitted or resubmitted after the published deadlines will not be accepted. Incomplete appeals will not be accepted**.

Section I. Student Information

Have you ever submitted a previous SAP appeal? ☐ Yes ☐ No

List the academic year and semester for which you are requesting an appeal: Year: _____ ☐ Fall ☐ Spring ☐ Summer

I am working towards the following degree: ☐ First Undergraduate Degree ☐ Second Undergraduate Degree

☐ Teacher Certificate ☐ Graduate or Law Degree

Which SAP requirement are you requesting an appeal (select all that apply): ☐ GPA ☐ Percent Completion ☐ Maximum Credit Hours

Section II. Reinstatement Request Type

Below please indicate which situation applies to your academic difficulty:

☐ **Medical:** If a personal medical problem contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you received advice or treatment.

☐ **Death/Illness:** If the death or illness of an immediate family member contributed to your lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary etc.

☐ **Military Service:** If you have withdrawn due to military service, provide documentation.

☐ **Maximum Credit Hours:** If you have attempted more than 180 hours, provide a personal letter and a degree worksheet from your Academic Advisor explaining when you are expected to graduate.

☐ **Other Circumstances:** Please clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation.

NOTE: Circumstances related to the typical adjustments to college life such as working while attending school, financial issues related to paying bills and car maintenance/travel to campus, are NOT considered extenuating for the purpose of appealing the suspension of financial aid.

Section III. Student Acknowledgments of Appeal Results (Read and Initial)

_____If my appeal is **DENIED**, I understand that decisions are processed on a case-by-case basis and the committee may deny any SAP appeal. I also understand that the decision of the appeal committee is final. I also understand that I am responsible for any outstanding balance that may result from an appeal denial.

_____If my appeal is **APPROVED**, I recognize that I will be at a probationary status **AND** am expected to make academic progress as detailed in this appeal within the term for which the appeal has been approved including:

- Taking at least 6 hours of classes and earning a minimum term GPA of 2.0 for Undergraduate, a 2.0 for Law students or a 3.0 for Graduate students during the probationary term.
- Not withdrawing, dropping, or using an incomplete for classes during the probationary term
- Enrolling in hours that are recognized as required courses towards graduation

I understand that if I do not meet these requirements I will be ineligible to receive financial aid and will be responsible for payment toward my student bill until I meet the satisfactory academic progress standards.

SIGNATURE: _____ **DATE**: _____

KEEP A COPY FOR YOUR RECORDS

Fax: 972.338.1799 **Email:** financialaid@untdallas.edu **Address:** UNT **Dallas|7350** University Hills Blvd, Dallas, TX 75241

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2021-2022 Academic Plan for Financial Aid and Scholarships-Graduate

SECTION A: STUDENT INFORMATION

Name: **UNTD Assigned ID:** **SSN (last 4 digits only):**

SECTION B: INSTRUCTIONS

1. Complete this form with your Program Coordinator.
2. If this is your first academic plan, you need to complete this form as well as a SAP appeal packet for your current suspension.
3. If suspended for Maximum Hours, submit an appeal form and a degree plan from your Program Coordinator.
4. If this academic plan is a revision or update to an existing academic plan, you must provide a personal written statement explaining the reason why you are changing your academic plan.
5. If you already have an academic plan and have been placed on suspension again, complete this worksheet, as well as an appeal worksheet again.
6. You **MUST** retain a copy of this Academic Plan for your records.

SECTION C: TERMS AND CONDITIONS OF ACADEMIC PLAN

Initial each statement below for confirmation of understanding terms & conditions for your academic plan.

_____ I will not withdraw/drop a class on this academic plan without consulting with my Academic Advisor and understand that my current academic plan must be revised if I withdrawal from classes.

_____ I will receive a grade of "B" or better in all classes. If my major requires a higher minimum grade, I must also maintain those grading standards. Incompletes are **NOT** allowed.

_____ I understand that I cannot change my major and that this academic plan is only valid for the major listed on page 2.

_____ I understand that I may only take the classes outlined exactly in my academic plan and that any classes taken outside of my academic plan could cause me to lose financial aid eligibility.

_____ I understand that I must submit a personal written statement to the Financial Aid Office if my academic plan needs to be revised that explains what has happened to make the change(s) necessary and how I will be able to meet academic progress based on these changes. I understand that revised academic plans may still adversely affect my continued eligibility for financial aid.

_____ I understand that failure to follow this academic plan may result in the cancellation of financial aid from University of North Texas at Dallas.

_____ If I feel that I am in danger of not completing the requirements of this academic plan, I agree to contact my academic advisor and the Financial Aid Office to discuss my situation and options.

Return this completed form with any required documentation to:
Student Financial Aid & Scholarships|University of North Texas at Dallas|7350 University Hills Blvd., Dallas, TX 75241
or fax to (972) 338-1799 or save and attach as PDF and email to financialaid@untdallas.edu

Revised on 07/23/2020 by LAD/updated 07/21/21 by CMD

SECTION D: TO BE COMPLETED BY ACADEMIC ADVISOR

This is: ☐ Initial Academic Plan ☐ Updated Existing Academic Plan

List any earned hours that are not needed for degree regardless of major changes at UNTD.

Major: ______________________________ ______________ Earned hours but not needed

Major: ______________________________ ______________ Earned hours but not needed

Major: ______________________________ ______________ Earned hours but not needed

Student's Major: ___________________________________ Expected Graduation Date: _____________________

List ONLY classes needed for student to complete major by semester in which student will complete the courses. Any classes needed outside major requirements cannot be taken. If a class needs to be repeated, please indicate. NOTE: Students need to be registered in a minimum of 6 hours to be federal loan eligible.

Course Number	Credits
TOTAL	

Course Number	Credits
TOTAL	

Course Number	Credits
TOTAL	

Course Number	Credits
TOTAL	

Course Number	Credits
TOTAL	

Course Number	Credits
TOTAL	

Remaining Hours Need to Earn Degree: __________(**include** registered & in progress hours)

Advisor Comments: ____

____

____

Advisor Statement: This student and I have discussed his/her academic progress and goals to formulate this academic plan. I believe this academic plan is attainable for this student and appropriate for progressing in his/her course of study.

______________________________ ___________________________________ ________________

Program Coordinator Signature **Program Coordinator Printed Name** **Date**

Student Statement: I have discussed my academic progress with my academic advisor to formulate my academic plan. I agree that this academic plan is attainable for me and I agree to adhere to the terms of this academic plan. I understand that I must complete the requirements of this academic plan to receive financial aid. I understand that my financial aid will be revoked or denied if I do not complete the exact requirements of this academic plan.

____ ____________________

Student Signature **Date**

Return this completed form with any required documentation to:

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or fax to (972) 338-1799 or save and attach as PDF and email to financialaid@untdallas.edu