



# SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Student's Name \_\_\_\_\_ Student's Simmons ID \_\_\_\_\_

## PART 1: SUBMIT THIS FORM AND A LETTER OF APPEAL TO YOUR ACADEMIC ADVISOR

Your letter should address the following:

- What caused your work at Simmons to fall below Satisfactory Academic Standards (injury, illness, death of a relative, or other special circumstances)?
- Explain what has/will change that will allow you to make Satisfactory Academic Progress at the next evaluation period.

Note: Think carefully and be specific. Your appeal should be typed and not more than 2 pages. If you have supporting documentation, please submit it with this form.

## PART 2: REVIEW AND DISCUSS THE FOLLOWING ACADEMIC PLAN WITH YOUR ADVISOR

To fulfill your academic plan, in the next term, you must:

- Achieve a grade point average of at least 3.0 (A higher GPA may be necessary to reach good standing.)
- Limit withdrawals in order to maintain at least 50% overall pace (attempted vs. completed credits)

This academic plan will remain in effect until either:

- You meet Satisfactory Academic Progress (SAP) requirements; OR
- Your enrollment exceeds the maximum timeframe allowed for your degree program; OR
- You fail to meet the terms of the plan.

## PART 3: AGREE TO THE CONDITIONS OF YOUR APPEAL AND ACADEMIC PLAN TO REACH SAP

\_\_\_\_\_ I agree to consult with my Academic Advisor/Program Director regarding my SAP academic plan

\_\_\_\_\_ I agree to follow the suggestions and recommendations discussed with my Academic Advisor/Program Director

\_\_\_\_\_ I agree to the targets established in the plan above and any additional requirements set by my program

**I understand that I have the responsibility to follow this SAP academic plan. Failure to either follow this plan or meet Satisfactory Academic Progress (SAP) requirements will result in the loss of my financial aid eligibility.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART 4: ADVISOR/PROGRAM DIRECTOR APPROVE/DENY AND SUBMIT APPEAL PACKET TO SFS@SIMMONS.EDU

Attach a written statement addressing:

- What is your assessment of the student's ability to progress toward their degree?
- What recommendations were discussed with the student to improve their academic performance?

Check ONE of the following and sign below:

\_\_\_\_\_ **This appeal is approved.** I have met with this student and discussed this academic plan; which if followed, should allow the student to attain the academic standing required for Simmons graduation requirements. The plan reflects realistic and attainable goals.

\_\_\_\_\_ **This appeal is denied.** I do not believe this student can reasonably meet the terms of this academic plan and/or have determined they do not qualify for an appeal.

Academic Advisor Name: \_\_\_\_\_ Academic Advisor Email: \_\_\_\_\_

Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have discussed this appeal with and support the decision of the above Academic Advisor.**

Program Director Name: \_\_\_\_\_ Program Director Email: \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_