

You may appeal your financial aid Satisfactory Academic Progress (SAP) decision if extenuating or unusual circumstances interfered with your ability to meet financial aid SAP requirements. Please view the entire Satisfactory Academic Progress policy at: web.uri.edu/enrollment/satisfactory-academic-progress-sap/

Submission Instructions: Submit completed forms and all supporting documents via email to: esmail@etal.uri.edu
University of Rhode Island Enrollment Services Green Hall 6 Rhody Ram Way Kingston, RI 02881 USA Phone: (401) 874-9500 Fax: (401) 874-2002

Instructions

1. To appeal your financial aid SAP decision, complete all sections of this form and submit all supporting documentation by the submission deadlines below. Any missing required items from the appeal, such as your letter of explanation or academic plan, will appear on your e-Campus "To Do" list. Your appeal will remain on "hold" and no action will be taken until all items are received. **If missing items are received after the deadline, your appeal will not be considered.**

Appeal Submission Deadlines

To be considered for

- Fall 2023 financial aid - submission deadline is September 22, 2023
- Spring 2024 financial aid - submission deadline is February 9, 2024
- Summer 2024 financial aid - submission deadline is May 17, 2024

2. Before an appeal will be considered, you must:
 - have a Free Application for Federal Student Aid (FAFSA) on file for the semester that you are requesting financial aid
 - not be dismissed from the University.
3. **You must provide an Academic Plan approved by your advisor.** The Academic Plan (provided at the end of this form) establishes a term-by-term plan to progress towards your degree and must be reviewed and signed by an advisor. You must follow this plan in order to regain financial aid eligibility beyond one semester if your appeal is approved. This means you must take and successfully complete the total number of credits that you and your advisor put on that form during your probationary term. Successful completion means that you earn credit for the coursework (essentially, the total number of credits is achieved). **You must attach a copy of the Academic Plan to your appeal.**
4. Your appeal will be reviewed by the Satisfactory Progress Appeals Committee to evaluate your academic record and determine if extenuating or unusual circumstances existed. If your appeal is approved, you will be notified by your URI email address and placed on **Financial Aid Probation** for the subsequent semester. You will be eligible to receive financial aid for this probationary semester only. If approved, this email will contain important information about how to regain financial aid eligibility after this one probationary semester.
5. If your appeal is denied through this process, you will be notified by your URI email address and will not receive financial assistance for your next period of enrollment. You may regain your financial aid eligibility by enrolling in and completing enough credits to meet the GPA and Pace/Quantitative standards described in the policy.
6. The decision of the Satisfactory Progress Appeals Committee is **final**.

SATISFACTORY ACADEMIC PROGRESS APPEAL

ACADEMIC YEAR 2023-2024

SECTION A. Student information (REQUIRED)

Student name (last, first, middle initial)

Student ID

Email Address

Phone Number

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This appeal is for (choose one): **Fall 2023**
Deadline:
(9/22/23)

Spring 2024
Deadline:
(2/9/24)

Summer 2024
Deadline:
(5/17/24)

SECTION B. Explanation of circumstances (REQUIRED)

Explain on a separate sheet the extenuating or unusual circumstances that interfered with your ability to meet SAP standards, using the following guidelines:

- Be specific in describing the factors that caused your academic difficulties.
- Outline the changes you have made that will allow you to improve your academic.
- Describe the specific resources you will use to support your academic progress. Some of the available resources you may wish to consider can be found at <https://web.uri.edu/earlyalert/resources/>

SECTION C. Appeal documentation (REQUIRED)

Attach appropriate supporting documentation to this form, according to these guidelines:

- If a family member or significant person in your life has died, please attach a copy of the obituary or death certificate.
- If you, a family member, or a significant person in your life has had a serious illness, accident, or injury, please attach a statement from a doctor or other professional third party, and/or a police report, and/or hospital bill.
- If you or your parent has had a divorce, please attach a copy of a letter from attorney or the divorce decree.
- If you have experienced personal problems or issues with your family, spouse, or roommate, please attach a statement from a doctor, counselor, lawyer, or other professional third party.

SECTION D. Academic Plan and Advisor's statement (REQUIRED)

All students must meet with their academic advisor to discuss their academic plan of action. The Academic Plan details, on a term by term basis, your future progress to degree completion. It must be approved and signed by your academic advisor with this appeal.

***IMPORTANT* If your SAP appeal is approved, you will need to successfully complete the total number of credits listed on the Academic Plan as a condition of future financial aid eligibility. See the SAP policy for full details.**

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Advisor: Please provide your input to this student's Satisfactory Academic Progress appeal. Prior to completing this section, **please review the Academic Plan with the student and submit a copy of the plan with this appeal.** The intent is to make sure that the student is aware of all degree requirements and on track toward graduation. The student will need to successfully complete the number of credits outlined in this plan for the subsequent semester if their appeal is approved in order to continue to receive financial aid beyond one probationary semester.

I have attached a copy of the student's complete Academic Plan (see attached *Sample Academic Plan*).

Yes No

Please add comments or recommendations (attach additional pages if necessary) for the student to assist with their future academic success such as referral to the Academic Enhancement Center, reduced work hours and/or different major.

Name of Advisor (please print)

Department/College

SECTION E: Student's Certification: All of the information I have provided on this form and attached documentation is accurate and true. I understand that, **if this appeal is approved**, my financial aid eligibility will be reinstated for one semester only on a probationary basis and that I must meet SAP requirements or be progressing according to the terms of my Academic Plan for future eligibility. I understand that late or incomplete applications will not be considered.

Student's Signature

Date

Sample Academic Plan

NAME:

URI ID:

MAJOR(S):

MINOR(S):

ACADEMIC ADVISOR

NAME: _____

SIGNATURE: _____

1st YEAR COURSES

Fall _____
Year

Term Credits _____ Total Credits _____

Winter _____
Year

Term Credits _____ Total Credits _____

Spring _____
Year

Term Credits _____ Total Credits _____

Summer _____
Year

Term Credits _____ Total Credits _____

2nd YEAR COURSES

Fall _____
Year

Term Credits _____ Total Credits _____

Winter _____
Year

Term Credits _____ Total Credits _____

Spring _____
Year

Term Credits _____ Total Credits _____

Summer _____
Year

Term Credits _____ Total Credits _____

3rd YEAR COURSES

Fall _____
Year

Term Credits _____ Total Credits _____

Winter _____
Year

Term Credits _____ Total Credits _____

Spring _____
Year

Term Credits _____ Total Credits _____

Summer _____
Year

Term Credits _____ Total Credits _____

4th YEAR COURSES

Fall _____
Year

Term Credits _____ Total Credits _____

Winter _____
Year

Term Credits _____ Total Credits _____

Spring _____
Year

Term Credits _____ Total Credits _____

Summer _____
Year

Term Credits _____ Total Credits _____