

Satisfactory Academic Progress Appeal (SAP)

ACADEMIC YEAR 2022-2023

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

Send Completed Form To:

University of Rhode Island Enrollment Services Green Hall 6 Rhody Ram Way Kingston, RI 02881 USA

Phone: (401) 874-9500 Fax: (401) 874-2002 Email: esmail@etal.uri.edu

Instructions

 You must submit an appeal, completing all sections of the form, and submitting 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 2022 financial aid submission deadline is September 20, 2022
- Spring 2023 financial aid submission deadline is February 5, 2023
- Summer 2023 financial aid submission deadline is May 15, 2023
- 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
 - you must not be dismissed from the University.
- 3. 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 in writing and placed on probation for the following semester. You will be eligible to receive financial aid for this probationary semester. At the end of the probationary semester, your academic record will be reviewed again. If you have demonstrated that you are making satisfactory progress as described in the policy and are following your academic plan, you will remain eligible for financial aid. You will be expected to be meeting both the minimum cumulative grade point average (2.0) and be completing at least 67% of cumulative credit hours attempted at the end of your next term of attendance. If you will need more than one term to comply with the Satisfactory Academic Progress (SAP) Policy, you must provide an academic plan approved by your advisor. The academic plan must establish criteria for success on a term by term basis through graduation, in order to show that you are progressing toward degree completion and satisfaction of the SAP policy. You must attach a copy of the academic plan to your appeal.
- 4. If your appeal is denied through this process, you will be notified in writing 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 qualitative and the quantitative standards described in the policy.
- 5. All appeal responses will be in writing and mailed to your home address.
- 6. The decision of the Satisfactory Progress Appeals Committee is final.





SATISFACTORY ACADEMIC PROGRESS APPEAL

ACADEMIC YEAR 2022-2023

SECTION A. Student information				Send Completed Form To:
Student name (last, first, middle initial)			Student ID	University of Rhode Island Enrollment Services Green Hall 6 Rhody Ram Way Kingston, RI 02881 USA
Address	E	_ Email	Phone Number	Phone: (401) 874-9500 Fax: (401) 874-2002 Email: esmail@etal.uri.edu
This appeal is for (choose one):	Fall 2022 Deadline: (9/20/22)		Spring 2023 Deadline: (2/5/23)	Summer 2023 Deadline: (5/15/23)

SECTION B. Explanation of circumstances (REQUIRED) Explain on a separate sheet why you were unable to meet SAP standards, using the following quidelines:

- 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 performance.

SECTION C. Appeal documentation (REQUIRED)

You must 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.





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

All students must meet with their academic advisor to discuss their academic plan of action. If you will need more than one term to comply with the SAP policy (ex. a minimum cumulative GPA of 2.0 and be completing at least 67% of cumulative credit hours attempted), you must attach a detailed academic plan (on a term by term basis, from now until graduation) approved and signed by your academic advisor with this appeal.

Due to our remote working conditions due to COVID-19, if you are unable to obtain a signature from your advisor on your appeal form and academic plan, please print their name on the signature line.

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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 degree 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.

I have atta	ched a copy of the student's compl	lete academic plan (see attached Samp	ole Academic Plan).
Yes	No		
		attach additional pages if necessary) for demic Enhancement Center, reduced w	
Name of A	dvisor (please print)		-
Departmen	t/College		
Advisor's si	gnature (if applicable)		
	Student's Certification: nformation I have provided on th	nis form and attached documentation	n is accurate and true.
Student's S	ignature	Date	



Sample Academic Plan

	NAME: MAJOR(S): MINOR(S):	<u>URI ID:</u>	ACADEMIC ADVISOR NAME: SIGNATURE:
1 st YEAR COURSES Fall Year	2 nd YEAR COURSES Fall Year	3 rd YEAR COURSES Fall Year	4 th YEAR COURSES Fall Year
Term Credits Total Credits_ Winter Year	Term Credits Total Credits Winter Year	Term Credits Total Credits Winter	Term Credits Total Credits Winter Year
Term Credits Total Credits_ Spring Year	Term Credits Total Credits Spring Year	Term Credits Total Credits Spring Year	Term Credits Total Credits Spring Year
Term Credits Total Credits_ Summer	Term Credits Total Credits	Term Credits Total Credits	Term Credits Total Credits
Year Torm Crodits Total Crodits	Year Torm Crodits Total Crodits	Year Torm Crodite Total Crodite	Year Torm Credits Total Credits