

Financial Aid and Scholarships
University of California, Davis
One Shields Avenue
Davis, CA 95616-8596

FAX: (530) 752-1587
financialaid.ucdavis.edu
my.ucdavis.edu/ask_us

2017-2018 Graduate Satisfactory Academic Progress Appeal Form

SECTION A: (Completed by Student)

Student's Name: _____ Student ID: _____

Address: _____

Telephone: _____ Email: _____

MA/MS Ph.D. Other (Specify): _____

Attach a signed, typewritten statement with a detailed explanation, with the following information:

- The cause of your academic deficiency or excess quarters.
- Your plans to correct the situation.
- An estimate of how long it will take to clear the deficiency or complete your degree.
- If your appeal is for *excess quarters*, complete and submit the Quarter-by-Quarter Graduation Plan with your appeal.

SECTION B: FOR OFFICE USE ONLY (Completed by the Reviewer)

Nature of Appeal: Lack of Units Grade Point Average Deficiency Quarter Limit

Reason: Medical Personal Academic

Other: _____

Comments: _____

DECISION: **Approved** **Denied**

Authorized Signature _____ Date: _____

Quarters approved for: _____

ROASTAT from: _____ to _____

ROAUSDF: Appeal Granted? Yes No

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Financial Aid SAP Graduation or Academic Plan

18 Quarters for Bachelor's 9* Quarters for Master's, 21* Quarters for Doctoral Degree
(To be completed by Academic Advisor)

* Cannot Exceed 21 Total Quarters for Master's and Doctoral Degrees Combined

Name: _____ Student ID: _____
Major(s): _____ Minor(s): _____
College(s): _____

List remaining coursework required for degree completion. Please also specify the term and year the student will attend.

Term: _____ Year: _____	Term: _____ Year: _____	Term: _____ Year: _____
Course	Course	Course
*GR	*GR	*GR
Units	Units	Units
Total Units:	Total Units:	Total Units:

*Graduation Requirements (GR): Please indicate which Graduation Requirement each course meets:

C = College	M1 = 1 st Major	G = General Education	M2 = 2 nd Major
MN = Minor	U = University	NR = Not Required	

Total number of units at graduation: _____ Date of graduation: _____

I/We project that the above course(s) will meet all College, General Education, Major, Minor and University requirements for this student (signature verifies that you have checked all requirements in your area of authority).

Major/Department Advisor: _____ Signature: _____ Date: _____

Dean's Office Representative: _____ Signature: _____ Date: _____

Advisor Comments: Provide any other relevant information regarding the student's academic status and degree completion:

Student Signature: _____ Date: _____