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**SATISFACTORY ACADEMIC PROGRESS APPEAL FORM  
2006-2007**

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Major: \_\_\_\_\_ College: \_\_\_\_\_

**\*\*Your appeal must be received on or before the final drop date of the quarter for which you are appealing for aid**

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

- The quarter(s) for which you are appealing in the last two years. Your statement should address each quarter you were academically deficient. **Provide supporting documents for your statement, see \*\*Example below.**
- The causes of your academic deficiency or excess quarters. If your appeal is for excess quarters, complete **and submit the Quarter-by-Quarter Plan or Graduation Plan for Beyond the Quarter Limitations form with your appeal.**
- Your plans to correct the situation.
- An estimate of how long it will take to clear the deficiency or complete your degree.

**\*\*Example:** Units below 2.0 or completed less than 12 units because: (e.g., illness, family, academic problems, *explain:* I was diagnosed with mononucleosis in February 2006 and I withdrew in March. In addition, I was hospitalized in October of 2005 for a severe bronchial infection, etc.)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SAP Committee Use Only**

Appeal # \_\_\_\_\_ Units: \_\_\_\_\_ GPA: \_\_\_\_\_ Extended Terms: \_\_\_\_\_

Appeal Approved:  Fall  Winter  Spring

Appeal Denied ROASTAT from: \_\_\_\_\_ to \_\_\_\_\_ ROAUSDF: Appeal Granted  Y  N

Defer appeal for: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_