2023-2024 Satisfactory Academic Progress Appeal

Deadlines to submit SAP appeal:
For Fall 2023 – December 1, 2023
For Spring 2024 – April 20, 2024

The U.S. Department of Education requires UT Permian Basin to establish and apply reasonable standards of satisfactory academic progress for eligible students to receive financial assistance under the programs authorized by Title IV of the Higher Education Act. UT Permian Basin students who wish to be considered for federal student aid must maintain satisfactory academic progress as set forth in this policy. Satisfactory Academic Progress is a federal student aid eligibility requirement that is administered by the University, in addition to the academic standards of performance required under the UT Permian Basin Academic Progress Policy. Satisfactory Academic Progress is determined at the end of every term/pay period by the Office of Financial Aid and Scholarships. This policy also applies to state and institutional financial aid. Please Review the Satisfactory Academic Progress (SAP) Policy and Procedure at https://www.utpb.edu/admissions-aid/financial-aid/docs/satisfactory-academic-progress-policy-and-procedures-updated-18-19.pdf to determine if you are eligible to appeal for financial aid.

<table>
<thead>
<tr>
<th>SAP standards by student classification</th>
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</thead>
<tbody>
<tr>
<td>Undergraduate Students / Post Baccalaureate</td>
<td>2.0 Cumulative GPA/67% completion rate</td>
</tr>
<tr>
<td>Graduate Students</td>
<td>3.0 Cumulative GPA/67% completion rate</td>
</tr>
<tr>
<td><strong>Maximum Timeframe</strong></td>
<td></td>
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<tr>
<td>Bachelor Degree</td>
<td>180 hours (120 x 150% = 180 hours)</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>54 hours (36 x 150% = 54 hours)</td>
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<tr>
<td>Certification</td>
<td>21 hours (21 x 150% = 31 hours)</td>
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</tbody>
</table>

**Appeal Process**

1. Submit this signed application and supporting documentation to; (in person or mail) ATTN: Financial Aid Office, University of Texas Permian Basin 4901 E. University Blvd., Odessa, Texas 79762, (fax) 432-552-2621, and (email) SAP@utpb.edu.
2. An appeal reviewed by the committee does not guarantee reinstatement of financial aid.
3. The SAP Committee will review your appeal and substantiating documentation.
4. You will be notified via email of the SAP Committee’s decision within approximately fifteen (15) business days. If you have any questions concerning the appeal process, please contact our office at (432) 552-2620. Information about the SAP policy may be viewed at www.utpb.edu.

If you wish to be considered for reinstatement of financial aid, you must submit a minimum of five pages which will include:

- **The application** - confirm all data is provided.
- **Updated degree plan** - Obtained from advisor.
- **Appeal letter** - the first paragraph should explain in detail, the reasons that affected you to fall below SAP standards. The second paragraph will explain what you have done to correct the issues that prevented you from meeting the SAP standards. The last paragraph will cover your understanding (including specific SAP details) of why you are under SAP standards and a detailed plan to meet SAP standards.
- **Supporting documents** - provide any documentation that supports your reasoning of not meeting the SAP standards and compelling evidence that you are now able to make significant strides academically (could be multiple pages), such as documentation from a medical professional, death/birth certificate, etc.

**Guidelines for Appeal Letter:** Be as detailed as possible and explain how your documentation supports your circumstances.

1) **Explain in detail** when and what the issues were that affected your ability to meet SAP standards?
2) **How** did you resolve the issue and **what** you are doing to prevent this from happening again?
3) **Explain in detail** what you understand of why you are on SAP and **describe** in detail the plans to meet the SAP standards.
4) **Attach an updated and signed degree plan.**
# 2023-2024 Satisfactory Academic Progress Appeal

**Student Name:** __________________________________________

(Last, First, MI)  

**Student ID:** ____________________________

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**Reason for SAP Appeal:** Please check all that apply to you

- ☐ Completion rate less than the required 67%
- ☐ Cumulative Undergraduate Grade Point Average (GPA) below 2.0, Graduate GPA below 3.0
- ☐ Circumstances have changed and my academic plan needs to be revised (Maximum Time Frame)

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**Have you submitted a SAP appeal before?**

- ☐ No  ☐ Yes

**For what semester are you requesting an appeal:** Fall ________ Spring ________ Summer ________

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**What degree are you working toward (indicate only one):**

- ☐ First Undergraduate  
- ☐ Second Undergraduate  
- ☐ Teacher Certification  
- ☐ Graduate

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**Nature of Appeal:**

Indicate which situation best describes the causes of your academic difficulty:

- ☐ **Medical:** If a personal medical problem contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you received advice or treatment.
- ☐ **Death/Illness:** If the death or illness of an immediate family member contributed to your lack of academic progress, please attach appropriate copies of medical records, or a death certificate.
- ☐ **Military Service:** If you have withdrawn due to military service, provide documentation.
- ☐ **Second Undergraduate Degree:** If you have attempted more than 180 hours due to working on a second degree, provide a personal letter explaining when you will graduate with your second degree.
- ☐ **Other circumstances:** Please clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation.

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**Note:** Circumstances related to the typical adjustments to college life such as working while attending school, financial issues related to paying bills and car maintenance/travel to campus, are NOT considered extenuating for the purpose of appealing the suspension of financial aid.

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**Student Acknowledgement’s of Appeal Results** (Read and Initial)

□ If my appeal is DENIED, I understand that decisions are processed on a case-by-case basis and the committee may deny any SAP appeal. I also understand that the decision of the appeal committee is final.

□ If my appeal is APPROVED, I recognize that I will be at a probationary status AND am expected to make academic progress as detailed in the appeal acknowledgment form within the term for which the appeal has been approved.

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By submitting this document, I understand that if I do not meet these requirements I will be ineligible to receive financial aid and will be responsible for payment toward my student bill until I meet the satisfactory academic progress standards.

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**Certification and Signature**

I certify that all information reported on this form and in my supporting documentation is complete and correct.

**Student’s Signature:** ____________________________  

**Date:** ____________________________

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For use by University Officials only

Please Verify that all required components of the application for the appeal are included.

- ☐ Letter concerning nature of appeal  
- ☐ Signed Degree Plan  
- ☐ Supporting Documentation  

Checked by: ________