

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Last Name: _____ First Name: _____

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number where you can be reached: (_____) _____

Permanent phone number: (_____) _____

My attached SIGNED and DATED Letter of Appeal is based on:

- A. _____ Cumulative GPA above 3.0 for graduate students with 30 hours earned OR Cumulative GPA above a 2.0 for an undergraduate student with 30 hours earned. (I understand that this appeal basis can be used only ONE time.)
- B. _____ Other excuses (**MUST HAVE SUPPORTING DOCUMENTATION**)
1. _____ ***Medical Problems or Injuries***
Excuses must be on official letterhead and must be signed by a physician.
 2. _____ ***Legal Issues***
Excuses must be signed by an Attorney or appropriate individuals with legal authority.
 3. _____ ***Death of Immediate Family Member***
Immediate family members include: parents, grandparents, brothers, sisters, aunts, uncles, and in-laws. Student must provide a copy of the death certificate of the relative and a copy of the obituary.
 4. _____ ***Personal Problems***
Excuses based on personal choices are not acceptable. Examples of UNACCEPTABLE excuses are: lack of childcare, lack of transportation, full-time employment, and/or sports activities.
- C. _____ Student paid for one semester out of pocket and regained academic eligibility (Attach grade report from other schools)
- D. _____ Justification for exceeding 150% of program length. (MUST submit signed "Max-Hours" available online: www.gram.edu)
- E. _____ Making Progress towards regaining eligibility and/or graduation

NOTE: If you do not have supporting documentation or your appeal is denied, you will not be eligible to receive federal financial aid (Pell Grant, College Work-Study, SEOG, Stafford Student Loans, and/or Parent PLUS Loans). Visit www.gram.edu to find criteria for reinstatement of eligibility.



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