SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Last Name	: First Name:
Social Secu	rity Number:
Address: _	
City:	State: Zip:
Phone num	ber 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 <u>OR</u> 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.)
В	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 UNACCEPTABLI 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)
Е	Making Progress towards regaining eligibility and/or graduation
eligible to	you do not have supporting documentation or your appeal is denied, you will not be receive federal financial aid (Pell Grant, College Work-Study, SEOG, Stafford Student Vor Parent PLUS Loans). Visit www.gram.edu to find criteria for reinstatement of

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