Satisfactory Academic Progress (SAP) Appeal
Appeal Instructions

1. **Complete** the SAP appeal form in its entirety with academic adviser. A complete appeal includes the following:

   ➢ **Written Explanation**
   The student must provide in their own words a written explanation of the circumstance(s) that resulted in the student not meeting SAP. The explanation must also address what action(s) the student is now taking in order to be academically successful in future terms. Please provide as much context as possible for full consideration.

   ➢ **Documentation**
   Official third-party documentation must be provided to support the circumstance(s) described in the explanation. Examples of acceptable documentation include, but are not limited to: medical documents, police records, letters of support from a professional third party (therapist, counselor, member of a religious organization, etc). Note: A lack of documentation may result in denial of the appeal.

   ➢ **Academic Plan**
   The Academic Plan portion of the appeal must be completed with and signed by both the academic adviser and the student. The **only** exception to this requirement is if the student is requesting a review of a late grade change and/or late transient grade.

   Note: Failure to submit a complete appeal will result in the submission being placed on a Pending status. Pending appeals are **not** reviewed until the student provides all required items. Appeals that have been Pending for **45 days or longer** will be denied due to lack of activity.

2. **Submit** the completed form with explanation and supporting documents to the UCF Office of Student Financial Assistance. Students may use the following submission methods:

   ➢ Submit in person to our office or drop-box located in Room 107 of Millican Hall, UCF Main Campus

   ➢ Fax the submission to 407-823-5241
   ➢ Postal Service use P.O. Box 160113, Orlando, FL 32816-0113

   ➢ Scan and submit using our online Document and File Upload Tool found at: www.finaid.ucf.edu/upload

3. **Monitor** both the knights email account and myUCF Student Self Service Center for outcome.

   ➢ Complete SAP appeals will receive outcome to the knights email account within **2-3 weeks** of the submission date.

   ➢ Pended SAP appeals will not be reviewed until all requested items are received, so time frame for these appeals is dependent on student action. When an appeal is placed on Pending status a notice is sent to student's knights email account and an item is placed on the To Do list on the myUCF Student Self Service Center.

   ➢ Students may also monitor their appeal status on the myUCF Student Self Service Center under the "View Financial Aid Status" link. Note: The SAP appeal is labeled as "Petition for Reinstatement" on this page.

For further information on our SAP policy and the appeal process please visit our website at:
www.ucf.edu/financial-aid/sap

Student Financial Assistance
UNIVERSITY OF CENTRAL FLORIDA

Satisfactory Academic Progress Appeal

SECTION I: General Information (to be completed by the student)

Name: _____ UCF ID: _____ Phone: _____

Current Academic Level: _____ College: _____

Major: _____ Expected Graduation Date (mm/yyyy): _____

Total UCF GPA & Hours: _____ Total Cumulative GPA & Hours: _____

SECTION II: Statement of Appeal (to be completed by the student)

I am appealing cancellation of my financial aid for the following reasons: (check all that apply):
___Cumulative (including transfer) GPA is less than 2.0 for undergraduate or 3.0 for graduate
___Did not successfully complete 67% of attempted hours
___Exceeded the maximum attempted hours for degree completion
___Did not complete the probationary period successfully
___Did not comply with the prescribed Academic Plan requirements
___Grade Change (Updated grade/s must be posted on myUCF prior to appeal. No Academic Plan required).
___Late Transient Grade/s (Unofficial transcript/grade report may be submitted. No Academic Plan required).
   NOTE: Failure to provide official transcript to UCF Registrar's Office may impact future aid eligibility.
___Other _____

SECTION III: Explanation (to be completed by the student)

Both questions must be answered and appropriate documentation must be submitted.

1. Describe extenuating circumstances of why you did not meet Satisfactory Academic Progress Standards.
(Attach extra sheet if necessary.)

2. Explanation of what has changed or is changing to allow you to meet Satisfactory Academic Progress Standards and complete your degree program. (Attach extra sheet if necessary.)

_____   _____   _____
Student's Signature   Printed Name   Date

Submit your completed SAP Appeal and support documentation to:
P.O. Box 160113 ❍ Orlando, FL 32816-0113
Phone: (407) 823-2827 ❍ FAX: (407) 823-5241

Student Financial Assistance
UNIVERSITY OF CENTRAL FLORIDA

Academic Plan for Financial Aid

To be completed by the Academic Advisor/ Department Head/ Dean ONLY

Name: _____ **UCF ID** _____ **Phone:** _____

Major: _____ **Expected Graduation Date (mm/yyyy):** _____

Total UCF GPA & Hours: _____ **Total Cumulative GPA & Hours:** _____

This student is currently not eligible for financial aid for one or more of the reasons listed below. We are requesting your assistance in assessing the student's academic record. Please develop the Academic Plan in consultation with the student. Be as specific as possible, and include any required or restricted courses and any restrictions on full-time enrollment.

☐ **Student's Cumulative GPA less than 2.0 for Undergraduate or 3.0 for Graduate**
1. Provide a plan of work (courses and course load) in which the student is advised to enroll in order to raise cumulative GPA to proper level.
2. Please include in the comments section (if appropriate) the grades and/or length of time it will require for the GPA to proper level.

☐ **Student did not Successfully Complete 67% of Attempted Hours**
Outline courses and/or course load in which the student is advised to enroll that will allow him/her to successfully complete at least 67% of his/her course load.

☐ **Student Exceeded the Maximum Number of Attempted Hours for Degree Completion. Please see SAP policy at www.ucf.edu/financial-aid/sap for the maximum number of undergraduate and graduate hours.**
1. Provide a plan of work (courses and/or course load) in which the student is required to enroll that will successfully progress him/her toward completion of his/her program.
2. Include the length of time it will take for the student to complete his/her program.

Please check the reason/s student exceeded the maximum attempted credit hours:

__Change of Major   __Repetitive Coursework   __Excessive Transfer Credits   __Seeking Additional Degree
__Completion of Major/s   __Seeking Minor/s   __Completion of Certificate/s   __Courses Transferred from High Sch.

Has the student had a major change at UCF? ___ Yes ___ No

If yes, how many credits from the student's **first** declared major **are not** counting towards the student's **current** major? _____

Was the student admitted to the university as a transfer and/or did the student earn college credit in high school? ____ Yes _____ No

If yes, how many of the credits hours earned prior to attending UCF are being used to fulfill completion requirements for the degree at UCF? ____

How many remaining credit hours does the student require in order to graduate (including current term)? _____

What is their expected graduation date? _____

☐ **Student did not meet financial aid probation, Graduate Certificate Student, or Other**
1. Provide a plan of work (courses and/or course load) in which the student is required to enroll that will successfully progress him/her toward completion of his/her program. If this is a Graduate Certificate student, only include required courses toward the certificate program.
2. Please comment in regards to details SFA should know in regards to student's situation.

Academic History:

1) Has the student completed all required courses for a bachelor's/master's/doctoral degree or Certificate? ____Yes ____No

2) Is the student seeking a double major?_____ If yes, please complete a separate Academic Plan for each major.

3) If student has declared minor, is it required for the degree? _____Yes _____No _____ Student has not declared a minor.

Comments/ Recommendations (attach additional sheets if necessary):

Signature (**Academic Advisor/ Department Head/ Dean ONLY**): _____

Print Name: _____ Title/Department: _____

Phone number: _____ Email: _____

Student's Name_____   UCF ID:_____

Academic Plan for Financial Aid (Part 2)

To be completed by the Academic Advisor/ Department Head/ Dean ONLY

Plan of course work to raise GPA, increase course completion ration to 67%, and/or meet completion requirements.

Courses listed must be required for completion of student's degree. **List Minor courses only if required for major.**

Start with current term.

If the student has electives that cannot be named please attach a list of electives the student can choose from.

Prefix Course #	Required?	credit hours per class	Term		Prefix Course #	Required?	credit hours per class	Term
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		
	Y☐ N☐					Y☐ N☐		

I, _____attest that all information provided is true and complete, and I agree to and understand that I must abide by the Academic Plan (Part 1 & Part 2) set up by my academic advisor. I also understand that if I do not abide by the plan, I will lose eligibility for financial aid.

Student's Signature: _____ UCF ID: _____ Date: _____

======== Below to be completed by the Academic Advisor/ Department Head/ Dean ONLY ========

☐ I certify that the information is correct and that I have spoken with the student in regards to the academic plan.

Signature (**Academic Advisor/Department Head/Dean**): _____

Print Name: _____ Title/Department: _____

Phone number: _____ Email: _____

Office of Student Financial Assistance
P.O. Box 160113   Orlando, FL 32816-0113 ☐ Phone: (407) 823-2827 ☐ Fax:(407) 823-5241
www.finaid.ucf.edu

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UCF & Community Resource Guide for
Dependency Overrides & Satisfactory Academic Progress

Student Care Services Ferrell Commons, Rm 138 407-823-5607 caremanager@ucf.edu	**Counseling and Psychological Services (CAPS)** Counseling Center, Rm 101 407-823-2811	**Knights Helping Knights Pantry** Ferrell Commons 407-823-3663
Wellness and Health Promotion Services Recreation & Wellness Center Rm 111 407-823-5841	**Student Health Services** Health Center, Rm 101 407-823-2701	**Student Legal Services** Student Union, Rm 304 407-823-2538
Coalition for the Homeless of Central Florida 639 W. Central Blvd Orlando, FL 407-426-1250	**Covenant House** 5931 E. Colonial Dr., Orlando, FL 407-482-0404	**Homeless or At Risk of Homeless?** Please contact Student Care Services for more extensive resources related to financial, transportation, and housing assistance.