

SECTION B. Appeal documentation**You must attach appropriate supporting documentation to this form, according to these guidelines:**

- If a family member or significant person in your life has died, please attach a copy of the obituary or death certificate.
- If you, a family member, or significant person in your life has had a serious illness, accident, or injury, please attach a statement from a doctor or other professional third party, and/or a police report, and/or hospital bill.
- If you or your parent has had a divorce, please attach a copy of a letter from attorney or the divorce decree.
- If you have experienced personal problems or issues with your spouse, family, or roommate, please attach a statement from a doctor, counselor, lawyer, or other professional third party.
- Your academic adviser must complete Section D: Adviser's Statement below, if you:
 - are requesting reinstatement after an academic dismissal or extended break in enrollment.
 - have successfully completed coursework during the probationary term, but remain below the 75 percent overall completion rate.
 - have exceeded the financial aid satisfactory academic progress timeframe.
 - are enrolled in a second degree program, dual degree program, or have additional required courses.

SECTION C: Student's certification

To the best of my knowledge all of the information I have provided on this form and attached documentation is accurate and true.

Student's signature

Date

SECTION D: Adviser's statement**ADVISER: Please provide your input to this student's satisfactory academic progress status appeal.**

Prior to completing this section, please review degree plan with the student using one of the tools listed below. The intent is to make sure the student is aware of requirements and on track toward major.

What tool did you use for the task? Graduation Planner APAS Other _____Is the student's academic plan for the upcoming term reasonable in terms of semester hours and class difficulty? yes noDoes the plan ensure timely completion of the degree? yes noIs the student seeking a second degree? yes no

Student's degree or certificate program	Projected graduation date	Number of credits remaining to complete program
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Please add comments or recommendations for student to assist with his/her future academic success, such as referral to the University Learning and Career Service, reduced work hours, different classes:

Name of adviser (please print legibly)	Title	
Department/College	University e-mail address @umn.edu	Phone
Adviser's signature	Date	