

SATISFACTORY ACADEMIC PROGRESS APPEAL FOR DOCTORAL STUDENTS

DIRECTIONS—As a financial aid recipient, your satisfactory academic progress (SAP) is monitored by the Office of Student Finance (OSF) as required by the U.S. Department of Education. You may appeal for an exception to SAP standards. Your best interest is served by submitting an appeal as soon as you receive your suspension notice. You are required to provide documentaton in SECTION B. Attach additional pages as necessary. Your **signature is required** in SECTION C. Your academic adviser must complete and sign SECTION D. The director of Graduate Studies must complete and sign SECTION E. You will be notified by e-mail as to whether your appeal was granted or denied. Complete and submit this appeal form to the address above.

Return the completed form to:
 Satisfactory Academic Progress Appeals Committee
 One Stop Student Services Center
 University of Minnesota, Twin Cities
 200 Fraser Hall, 106 Pleasant Street S.E.
 Minneapolis, MN 55455-0422
 Phone: 612-624-1111

Place your cursor in a field to add information. Print a copy to add your signature.

Student name (last, first, middle initial)		University student ID	
University e-mail address		Phone number (<small>area code</small>)	
Local address (street, apartment or P.O. box number, city, state, ZIP code)		@umn.edu	
		Projected graduation date	
SECTION B. Reason for appeal			
Describe the circumstances that interfered with your ability to meet SAP timeframe, GPA, or credit completion standards. REQUIRED: Attach supporting documentation, e.g., letter from a physician, psychologist, counselor, and/or academic adviser.			
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
COMPLETION DATES: Project your completion dates (month/day/year) for each of these program milestones:			
Preliminary written exam	Preliminary oral exam	Thesis/Project proposal	Final oral exam
SECTION C. Certification			
To the best of my knowledge all of the information on this form is complete and correct.			
Student's signature		Date	
SECTION D. Adviser's certification			
Please attach a letter with your assessment of whether the student is making reasonable academic progress.			
Name of graduate program adviser (please print)		Phone	
Signature		Date	
SECTION E. Director of Graduate Studies' certification			
I approve the projected completion dates for the student's program milestones. <input type="checkbox"/> yes <input type="checkbox"/> no			
Name of the director of Graduate Studies (please print)		Phone	
Signature		Date	



To request copies of this form in an alternative format, please call the Disabilities Services liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator.