

Satisfactory Academic Progress (SAP) APPEAL FORM



Office of Financial Aid & Scholarships
205 Admin Bldg • Martin, TN 38238
Phone: 731-881-7040 • Fax: 731-881-7036
faquestions@utm.edu

Student Name (print) _____	Student ID _____
Date _____ Phone (_____) _____	UTM Email _____
Address _____	City _____ State _____ Zip _____

DEADLINES

Submit form prior to **July 15** for consideration of reinstatement of aid for the upcoming aid year. Forms submitted after that date will not be guaranteed to be reviewed prior to the Business Office deadline for confirming plans to attend.

Appeals submitted Spring or Summer: Submit your appeal packet as soon as possible prior to classes beginning. If suspended **after** classes are confirmed, you will be responsible for any charges put back on your account if your appeal is denied.

APPEAL PACKET REQUIREMENTS All the materials for your SAP Appeal should be turned in as one package.

1. Complete this form in its entirety, including signature.
2. Type a statement (minimum 2 paragraphs) that (1) explains your circumstance(s) and how that situation contributed to your inability to maintain SAP and (2) explains the corrective actions that will improve your future academic performance.
3. Attach sufficient documentation supporting your circumstance(s).
4. **Students suspended for timeframe only**, please submit the following **IN ADDITION** to the appeal packet requirements 1-3: Graduation Plan Form signed by you and your advisor.

Please indicate the extenuating circumstance preventing you from meeting the standards outlined in the Satisfactory Academic Progress (SAP) Policy (www.utm.edu/departments/finaid/sap.php) for UT Martin.

- Illness/Injury of Student or Immediate Family Member**
Attach a statement from the physician and explain the nature and dates of the illness or injury.
- Death in the Immediate Family**
Attach a copy of death certificate or obituary.
- Military Service**
Attach a copy of orders.
- Undue Hardship Such as Unemployment/Work Issues, Separation/Divorce, or Loss of Home**
Attach supporting documentation such as separation notices or legal documents.
- Other Unexpected Documented Circumstances beyond the Control of the Student**
Attach supporting documentation such as legal documents, police reports, insurance claims, etc.

I understand that my appeal will be reviewed based on the documentation I submit and that the lack of supporting documentation may lead to the denial of my appeal. I understand that the appeal decision will be mailed to the address I provided on my appeal form. I understand that submitting this appeal packet does not guarantee approval and that I will be responsible for any and all charges placed on my account as a result of a denied appeal decision.

Student Signature _____ Date _____