



UNIVERSITY of MAINE *at* AUGUSTA

UMA Student Financial Services
46 University Drive
Augusta, ME 04330-9410

(207) 621-3455 or 1-877-862-1234
Fax: (207) 621-3384 or TTY: 1-800-316-3600
umafa@maine.edu

2019-2020 SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

The purpose of this form is to allow you to appeal your notification of financial aid suspension. This suspension is a result of not meeting the federal mandated minimum Satisfactory Academic Progress (SAP) requirements. Students may obtain a copy of UMA's SAP policy on the university website at <https://www.uma.edu/financial/policies/sap/>

NOTE: This is not an academic action. This only pertains to your financial aid eligibility.

Who is eligible to appeal?

Every student has the right to appeal in writing if mitigating circumstances beyond your control impeded your academic progress for the specific enrollment period when the unsatisfactory academic progress occurred. Mitigating circumstances for review may include: medical issues, family crisis, or a death in the family.

How to appeal:

Complete **ALL** sections of the appeal and return the signed form with required documentation to:

Student Financial Services
Email: umafa@maine.edu

Your completed application and documentation must be submitted **no later than two weeks prior to the start of classes of the semester you wish the appeal.** **Applications that are not complete will not be processed.**

****You may submit an additional appeal letter explaining your situation, however, the appeal will not be reviewed until this completed appeal form is received.**

**** PLEASE NOTE:** Appeals will be considered incomplete until all required documentation have been received.

Documentation: Students appealing based on mitigating circumstances are required to submit third party documentation to support the appeal.

1. Medical Issue:

- a. Documentation must be on official letterhead and include: Credentials (ex: MD, DO, LCSW, PA, NP, Psychologist), Date of Diagnosis, and Applicable History

2. Death in the Family:

- a. Student must submit a copy of the obituary

3. Family Crisis:

- a. Documentation examples include court documentation, police reports etc.

4. Maximum Time Frame to Complete Degree Program

- a. Student must submit a detailed plan of study signed by their academic advisor

Step 1: (please print or type)

Last Name	First Name	M.I.	Student ID
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Current Mailing Address _____

Phone #: _____ Email: _____

Acad. Major(s): _____ Advisor: _____

Cumulative GPA: _____ Degree hours earned: _____

Current grade level: _____ Anticipated graduation date: _____

Why are you not meeting SAP? (Check all that apply)

- ☐ My cumulative GPA is too low
- ☐ I have not earned enough credits based on the number I have attempted
- ☐ I have reached or exceed the maximum credits to complete my degree program

Step 2: (please print or type)

Explain the significant circumstances that prohibited you from making satisfactory academic progress. Please complete any category that applies to you. It is required you follow the instructions for each category related to your circumstances.

- ☐ Serious illness/accident/injury to student or immediate family member such as: (parent, spouse, sibling, child) that required prolonged treatment and/or recovery. Briefly explain circumstances below and provide **the required medical documentation** (explained on page 1 of this form).

[illegible]

A copy of the obituary is required.

[illegible][illegible]

Outline why you believe that it is now possible for you to improve upon your past academic performance and indicate what corrective action(s) you have taken to ensure your success. Be specific.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

STEP 4: CERTIFICATION STATEMENT – I certify that the information on this form and the attached answers and documentation to the above questions are true and complete. I also understand that if my appeal is incomplete or submitted after the deadline as described on the other side of this form, my appeal will be returned to me unprocessed. I also understand that if my appeal is denied, I am responsible for all outstanding charges. I understand that if my appeal is denied, I am still eligible to attend UMA using my own financial resources, provided only if I am in academic good-standing.

Date _____