2022-2023 Satisfactory Academic Appeal Application (SAP)

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: Office of Financial Aid 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 reviewed.

**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 has been received.

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

A. 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

B. Death in the family:
   a. Student must submit a copy of the obituary or death certificate

C. Family Crisis:
   a. Documentation examples include court documentation, police reports, etc.

D. Maximum Time Frame to Complete Degree Program
   a. Student must submit a detailed plan of study signed by their academic advisor

Once the review is complete, the student will notified via email of the decision. If approved, a contract will be attached to the email. It is the student's responsibility to review the document, sign and return it to our office in a timely manner.
Step 1: Student Information (please print or type)

Student Last Name     First   M.I.           Stu. ID#
________________________________________________________________________________________
Current Mailing Address
________________________________________________________________________________________
Phone #            Email:
________________________________________________________________________________________
Academic Major (s):                                                                                    Advisor:
________________________________________________________________________________________
Cumulative GPA                     Total Credits Earned     Grade Level (Fr, So, Jr, Sr)         Antic. Grad 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 attempted
___I have reached or exceed maximum time frame to complete my degree program

Step 2: Explanation (please print or type)

Explain the significant circumstances that prohibited you from making satisfactory academic progress (SAP). Please complete any category that applies to you. It is required you follow the instructions for each category related to your circumstances. If needed attach additional sheets for more space.

___ A. Medical Issue
Serious illness/accident/injury to student or immediate family member such as: (parent, spouse, child, sibling) that required prolonged treatment and/or recovery. Briefly explain circumstances below and provide the required medical documentation (see page 1 of this form), if needed attach additional sheets.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

___ B. Death in the family
Please provide name and relationship to the deceased. A copy of the obituary is required to be attached to this application.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
C. Family Crisis

Substantial event/trauma/family crisis that impaired the student’s emotional health. Provide a description regarding the specific circumstances. Explain below how you have since overcome the condition. Documentation from a third party is required. (Please see the first page for required guidelines concerning the submission of required documentation).

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

D. Maximum Time Frame to Complete Degree Program

Explain circumstances that lead up to exceeding max time frame. In addition, provide a detailed plan of how you plan to complete your degree and your anticipated date of graduation.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Other Information

If you believe it will be important for the Office of Financial Aid to know about your academic situation please provide that information, in many cases supporting documents should be attached to this application. 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.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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 top 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.

Name (print)  Signature  Date

FOR OFFICE USE ONLY:

Complete: Yes / No (date returned to student)  Decision: Approved / Denied  Notes: ____________________________

Rec’d by FAO: ___________________ Reviewed by: ___________________________ Date: ______________ Revised: 11/5/2021