



UMA Office of Financial Aid
46 University Drive
Augusta, ME 04330
207-621-3412 or 877-862-1234 (T)
207-621-3384(F) or 800-316-3600 (TTY)
umafa@maine.edu

2025-2026 Graduate SAP Appeal Form

Use this form if you wish to appeal the finding that you are not meeting the University of Maine at Augusta's Satisfactory Academic Progress (SAP) Policy for financial aid recipients. Please note that this SAP review and appeal process is specific to financial aid eligibility and is not connected with any academic review in Advising or academic departments.

Who is eligible to appeal: Every student has the right to appeal in writing if you believe that you have significant circumstances beyond your control that have impeded your academic progress. Special circumstances for review may include, but are not limited to a medical situation, a death in the family, or other family crisis.

How to appeal: Complete ALL sections and return the completed signed form with accompanying documentation to our office.

Mail: **Office of Financial Aid
University of Maine at Augusta
46 University Drive, Augusta, ME 04330**
Email: **UMafa@maine.edu**

All appeals must be received within 30 days of receiving your SAP status notification and no later than 30 days prior to the end of the semester for which you are applying for aid eligibility.

Documentation: You are required to submit third-party documentation appropriate to your circumstance with your SAP appeal. Appeals will be considered incomplete until we have received all related documentation. Below are some examples:

- **Medical Circumstance:** Documentation should be on official letterhead and include: the medical professional's name and credentials (MD, NP, PhD, LCSW, etc.), date of diagnosis, and applicable history
- **Family Crisis:** A copy of an obituary or death certificate, court documentation, police reports, and/or other documents outlining the situation
- **Maximum Time Frame:** If your appeal concerns the maximum time frame to complete your degree you must submit a detailed plan of study signed by your academic advisor or associate dean.

PLEASE NOTE: Your appeal will be considered incomplete until all required documentation, including this completed form, has been received.

Section 1:

Last Name

First Name

M.I.

Student ID: _____ Anticipated graduation date: _____

Section 2

Please indicate the significant circumstances that have contributed to your inability to maintain Satisfactory Academic Progress by checking any category that applies to you. You must also follow the instructions for each checked category. At least one of the below categories MUST be completed.

☐ **Serious illness or injury to student or immediate family member (parent, spouse, sibling, child) that required extended treatment or recovery time.** Briefly explain below and provide the required medical documentation (see first page of this form to view guidelines on submitting medical documentation).

☐ **Death of an immediate family member.** Attach a copy of the obituary and include the name of the deceased and relationship to you below.

☐ **Significant personal or family crisis that impaired the student's emotional and/physical health.** Provide a detailed explanation. Please be sure to include dates and what you have done to overcome the conditions below. Supporting documentation from a third party also must be attached (see first page of this form to view guidelines on submitting medical documentation).

☐ **Other unexpected, documented circumstances beyond the control of the student.** Please explain in detail the nature and dates of the unexpected circumstances. Supporting Documentation also must be provided.

Section 3

Please outline what you have changed in your circumstances and your approach so that you may meet the academic progress policy. Be specific about these changes and how they address the challenges you have had in the past.

Please check any that apply:

- ☐ Additional page(s) attached
- ☐ Supporting documentation attached
- ☐ Signed Plan of Study/Degree Completion plan attached

CERTIFICATION STATEMENT

I certify that the information on this form and the attached letters and documentation is true and complete to the best of my knowledge. I also understand that if my appeal is incomplete or submitted after the deadline as described on the first page of this application, my appeal may be denied. I also understand that if my appeal is denied, I am responsible for all outstanding charges on my account. I understand that if my appeal is denied, I am still eligible to attend the University of Maine using my own financial resources, provided that I am in good academic standing.

If my appeal is approved, I understand that I will be notified via my MaineStreet Message Center and that I will be placed on Financial Aid Probation for one semester. I also understand that my continued financial aid eligibility is contingent upon meeting the conditions of my academic progress plan, which will be described in my Message Center approval communication and may include successful completion of all of the courses I attempt, earning a 2.3 semester GPA, and following my degree completion plan (if required).

Date

Name (print)

Signature