

SATISFACTORY ACADEMIC PROGRESS APPEAL FOR FINANCIAL AID

YOU CAN SUBMIT AN APPEAL IF YOU HAVE FAILED TO MEET SATISFACTORY ACADEMIC PROGRESS (SAP) REQUIREMENTS. BY SUBMITTING THIS APPEAL, YOU ARE REQUESTING THAT YOUR EXTENUATING OR UNUSUAL CIRCUMSTANCES BE CONSIDERED IN ORDER TO HAVE YOUR FINANCIAL AID REINSTATED.

Your appeal will be reviewed by the SAP Appeal Committee to evaluate your academic record to determine if extenuating or unusual circumstances existed. If your appeal is approved, your financial aid will be reinstated, and you will be placed on financial aid probation for your next period of enrollment. When placed on financial aid probation, you are allowed to receive financial aid based on the conditions outlined by the committee.

All supporting documentation must be submitted with the appeal form. Failure to do so will result in denial of the appeal, a request for additional information, or a refusal to take action.

All information will become a part of the student's financial aid record. Items cannot be returned. Appeals to receive aid for prior semesters will not be considered.

Students who file an appeal are responsible for payment of tuition and fees and other charges. Failure to make the appropriate payment arrangements by the published confirmation and/or payment deadlines may result in one or more of the following consequences:

- cancellation of registration
- assessment of late fees
- referral of an unpaid account to a collection agency

REQUIRED ITEMS:

- 1) INCOMPLETE SUBMISSIONS WILL NOT BE CONSIDERED.
- 2) Before an appeal will be considered, you must have a Free Application for Federal Student Aid (FAFSA) on file for the semester you are requesting financial aid, and you must otherwise be eligible to return to Huston-Tillotson University.
- 3) **Satisfactory Academic Progress Appeal Form**
 - a. Enter all requested information.
 - b. Answer questions 3a and 3b on a separate sheet. If this is not your 1st appeal, your explanation statement must include information about what has changed since your last appeal.
 - c. Your answers to 3a and 3b answers must be typed (include your name and student ID number)
 - d. Sign your statement.
- 4) **Supporting Documentation**
 - a. You must attach documentation that supports your claim of unusual or special circumstances.
 - i. Letter confirming medical treatment, confirmation of death in the immediate family, etc.
 - b. Failure to submit supporting documentation can result in denial of your appeal.
- 5) **Academic Plan Form**
 - a. Meet with your advisor to discuss how you can return to satisfactory academic progress.
 - b. Both you and your advisor must sign the Academic Plan form.
- 6) If you are appealing because you have reached the maximum number of credits attempted, you must also submit a Degree Plan Statement and a degree audit. Your degree plan and degree audit must be approved and signed by your advisor.

Return all required forms to:
Huston-Tillotson University
Office of Financial Aid
900 Chicon Street
Austin, TX 78702
fnaid@htu.edu



SATISFACTORY ACADEMIC PROGRESS APPEAL FOR FINANCIAL AID APPLICATION

The SAP Appeal Progress policy is mandated by the Department of Education (34 CFR 668.34). The SAP policy is defined in part and states that an institution must establish a reasonable satisfactory academic progress policy for determining whether an otherwise eligible student is making satisfactory academic progress the educational program and may receive assistance under the Title IV.

PLEASE FOLLOW ALL INSTRUCTIONS. INCOMPLETE SUBMISSIONS WILL NOT BE REVIEWED.

**** It will take approximately 1-2 weeks for you to receive a decision on your appeal. ****

Date Completed: _____

Name: _____ HTU ID _____

Address: _____ Telephone #: (____) _____

City: _____ State: _____ Zip: _____ Cumulative GPA: _____

Personal Email Address: _____ HTU Email Address: _____

Appeal is for: Fall Semester 2023 Spring Semester 2024 Summer Session 2024

1. What is your current classification and major? Class: _____ Major: _____

2. Have you appealed previously? Yes No If so, how many times? _____ When: _____

3. Type your answers to the following questions on a **separate sheet of paper** (include your name and student ID number).

a. What extenuating circumstances prohibited your meeting the Satisfactory Academic Progress requirements?

b. What changes have occurred that will enable you to meet the Satisfactory Academic Progress requirements?

4. **You must attach documentation to support your claim of extenuating circumstances** (letter confirming medical treatment, confirmation of death in the immediate family, etc.)

OFFICE OF FINANCIAL AID USE ONLY

ENROLLMENT DATE: _____ CUM GPA: _____ SEMESTER GPA: _____

CUM HRS ATTEMPTED: _____ CUM HRS EARNED: _____ PRIOR APPEALS _____

DECISION: Approved Probation Denied INITIALS: _____ DATE: _____

In House Committee Members/Date DECISION: Approved Denied

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date



2023-2024 Satisfactory Academic Progress Appeal Academic Plan

**** FORM TO BE COMPLETED BY ACADEMIC ADVISOR****

The Huston-Tillotson University Satisfactory Academic Progress standard requires a minimum cumulative GPA [Freshman 1.50, Sophomore 1.75, Junior or Senior 2.00], successful completion of 67% of courses attempted cumulatively, and attempts at no more than 150% of the total credit hours for a degree. Please review with the student the reason for SAP suspension, then work with the student to develop an academic plan that, if successfully followed, will result in the student attaining the required standard.

Student Name _____ HTU ID# _____ Cumulative GPA _____

Term the Academic Plan will begin: Fall 2023 Spring 2024

Does the student already have a 2.00 Cumulative GPA? YES NO

If **no**, indicate by what term the student could reasonably be expected to attain minimum GPA standards and what GPA will be required each term to meet standards by that time.

Fall 20 ____ Spring 20 ____ Summer 20 ____ GPA needed each term _____

MINIMUM number of hours student may enroll EACH semester of the plan (no less than 6): _____

MAXIMUM number of hours student may enroll EACH semester of the plan: _____

The student will be required to complete 100% of coursework attempted. Is the student's academic plan for the upcoming semester reasonable in terms of semester hours and class difficulty? YES NO

Advisor reviewed and approved courses for upcoming term? YES NO

Students must meet all of the following criteria and responsibilities of the Academic Plan to progress to the subsequent semester of Title IV aid under the Academic Plan including:

- Pass all courses registered each semester of the plan.
- Do not drop/withdraw from any enrolled courses
- Do not drop below half-time enrollment
- Agree to register for the classes selected with the guidance of academic advisor
- Agree to contact academic advisor before changing course registration
- Agree to follow the suggestions and recommendations discussed and developed by academic advisor

Academic Advisor Name (printed): _____ Department: _____

Academic Advisor Signature: _____ Date: _____

By signing this academic plan, I acknowledge all requirements set forth by the Office of Financial Aid and by my academic advisor. My signature denotes my acceptance of the requirements outlined in my academic plan.

Student Signature _____ Date: _____

SAP Academic Plan accepted by Financial Aid Office: YES NO

Director of Financial Aid _____ Date: _____

Comments: _____