



# UNIVERSITY *of* Western States

## Satisfactory Academic Progress (SAP) Appeal Form

Student Name: \_\_\_\_\_

Academic Program: \_\_\_\_\_

Our records indicate that you have been placed on financial aid suspension because you are not meeting SAP standards; therefore, you are disqualified from receiving further Federal Student Aid funds for your current program of study at UWS. To appeal for review and possible reinstatement of your eligibility for federal financial aid at UWS, you must complete and return this form.

Select the Satisfactory Academic Progress (SAP) standard that you are not meeting  
Check all that apply:

- Qualitative: cumulative UWS GPA below 2.00
- Quantitative: completion rate (pace) below 67%
- Maximum timeframe: exceeded 150% of total credits needed to complete the program

Please explain below any unusual circumstances that prevented you from successfully completing the requirements of the UWS's Financial Aid Satisfactory Academic Progress Policy.

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(Attach an additional page if more space is needed)

What changes have occurred to ensure that you will be able to succeed academically from this point forward? Attach appropriate documentation as needed (e.g. doctor's note, obituary notice, etc).

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Academic Plan

Student Name: \_\_\_\_\_

The student listed above is currently filing an appeal with the University of Western States' Financial Aid Office regarding their satisfactory academic program status.

**To be completed by the student in consultation with Program Director or Dean**

Academic plan (e.g. course scheduling to achieve SAP standards):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Qualitative: When will student achieve GPA of 2.0 or higher? \_\_\_\_\_

Quantitative: When will student achieve pace of 67% or higher? \_\_\_\_\_

Anticipated graduate date: \_\_\_\_\_

We encourage the student to be realistic when planning as they will be expected to meet the academic plan for every academic term. We strongly encourage students to take advantage of all academic and personal resources UWS provides.

\_\_\_\_\_  
Signature of Program Director/Dean

\_\_\_\_\_  
Date

I attest that the information provided on this form and all documentation provided is true and accurate to the best of my knowledge. I understand that if I purposely give false or misleading information in applying for federal student aid, I may be fined up to \$20,000, imprisoned, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Contact the Financial Aid Office by email at [finaid@uws.edu](mailto:finaid@uws.edu)  
or by phone at 503-847-2563 if you have any questions.