

Satisfactory Academic Progress (SAP) Appeal Form

LAST NAME:	FIRST:	STUDENT ID #:
LOCAL ADDRESS:		ZIP:
PHONE:	E-MAIL:	
<input type="checkbox"/> M.D. <input type="checkbox"/> M.D./MPH <input type="checkbox"/> M.D./PhD <input type="checkbox"/> M.D./MBA <input type="checkbox"/> Other (Specify): _____		

Appeal Guidelines

The purpose of the SAP Appeal form is to allow a student to explain the circumstances that interfered with his or her ability to meet SAP standards during the most recent term. A student who is no longer eligible for federal or institutional financial aid due to a failure to meet Satisfactory Academic Progress standards and who has been placed in Financial Aid Suspension, may appeal this status.

The outcome of an appeal will depend on the nature of the circumstances, the quality of the documentation the student provides, and how well the student has displayed the ability to progress towards degree completion within a reasonable time period. All documentation submitted is confidential.

Section 1 – Required To be completed by the student.	Directions: <i>Carefully review and complete each step.</i>
---	---

STEPS TO APPEAL:

- Check the semester for which you are appealing: Fall 2021 Spring 2022
- Check the box(es) and fill in the applicable SAP suspension reason(s) as you must select at least ONE: **Leave all unchecked sections blank.**
 - Qualitative:** Medical students at minimum are expected to Pass all courses attempted.
 - I received a failing grade in the following course(s):
 - _____
 - _____
 - Quantitative:** The standard time frame for completion of required course work for the MD degree is four academic years. Medical students must meet “pace” and the “maximum timeframe”.

(Mark which SAP quantitative reason applies below.)

 - _____ **(Pace)** I did not complete Years 1 & 2 of the M.D. Degree and take the USMLE Step 1 Exam within three years of the date of matriculation
 - _____ **(Maximum Timeframe)** I exceeded the 150% published standard timeframe (6 years) required to complete my MD degree
- Enter Estimated Graduation Date (Mo. /Yr.):** ____/____
- Check the box(es) that reflect the extenuating circumstances that affected your ability to make SAP.
 - Medical Reasons *(confirm dates in Step 5)*
 - Personal Reasons
 - Academic Reasons

Section 2 – Required To be completed by the student.

Directions:
Attach the requested personal statement and any applicable support documents provided by your situation.

5. Attach the applicable support documents provided by your reason marked in step 4. Examples of the appropriate documentation required to support your appeal based on your reason in Step 4 are:

Reason & Examples	Examples of Supporting Documentation
<p style="text-align: center;">Medical</p> <ul style="list-style-type: none"> ○ The student’s own mental or physical illness, injury or disability 	<p>Support Document(s): If you were already approved for Medical Leave of Absence (MLOA) with Campus Health and it was submitted to the Office of Student Affairs, confirm the dates below:</p> <p>Start Date _____ End Date _____ <i>*your MLOA will be attached to this file</i></p>
<p style="text-align: center;">Personal</p> <ul style="list-style-type: none"> ○ Death of a family member or significant person in the student’s life. ○ Illness, accident, or injury of a significant person in the student’s life. ○ The student’s own divorce or separation or the divorce or separation of the student’s parent(s) ○ Personal circumstances other than the student’s own mental or physical illness or injury or disability; issues with the student’s spouse, family, roommate, or other significant person in the student’s life 	<p>Support Document(s): You may attach additional supporting documentation, such as:</p> <ul style="list-style-type: none"> ● Copy of an obituary or death certificate ● A physician's statement or hospital bill related to the individual for whom the student provided care or support ● Court documentation ● Third-party statements ● Police reports

6. Type a detailed personal statement explaining:
- a. The reason you were unable to maintain satisfactory academic progress; AND,
 - b. The corrective measures you have taken or will take to achieve satisfactory academic progress.

Note: if you marked a “medical reason”, please do not identify your specific medical condition or diagnosis.

7. Check the box(es) below confirming if you received an Student Progress Committee (SPC) letter addressing your SAP issue as this serves as your academic plan.

Yes (Proceed to Section 4)

No (Proceed to Step 8)

8. If you marked ‘No’ to Step 7, complete the following and attach to this appeal:
- a. Request a Degree Evaluation with your estimate graduation date from the College of Medicine Registrar
 - b. Your House Dean will need to complete Section 3 outlining your academic plan

Section 3 – Required to be completed by the House Dean, ONLY if:

Directions:
Your House Dean only fills in this section only if you answered 'No' to Step 8

HOUSE DEAN STATEMENT

The student whose name appears on this form is pursuing an appeal with the University of Arizona’s College of Medicine Financial Aid Office regarding his/her SAP status. An advisor input is required on Section 3 of this form (SAP Academic Plan).

Please use the space below to include any details about the student’s SAP Academic Plan such as support services, or other strategies discussed with the student to improve academically.

House Dean Signature

Date

House Dean Name (Print)

College

House Dean Phone

House Dean E-mail

Section 4 - Required

Directions: To be completed by the student.

STUDENT CERTIFICATION

I have read this SAP Academic Plan and understand that if any of the conditions are not satisfied, my federal and institutional aid will be cancelled. If suspended from financial aid, I may submit a SAP Appeal. By signing below, I acknowledge that I have read and understand the information on this form. I certify that all information submitted with this appeal is accurate and true to the best of my knowledge, that all copies are unaltered, and that I have appropriately obtained all supporting documentation. I have read and understand the Satisfactory Academic Progress (SAP) Standards Policy and understand that submitting this form does not guarantee that my request will be granted.

Student Signature _____

Date _____