



# SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Student's Name \_\_\_\_\_ Student's USC ID Number \_\_\_\_\_  
Last First

Student's Social Security Number \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_  
Month/Day/Year

**Student:** Submit form to the Financial Aid Office to request an exception to the university's policy on Satisfactory Academic Progress (SAP).

## Part 1: Academic Plan

**Student:** Before a decision can be made concerning your Satisfactory Academic Progress appeal, you and your academic advisor must submit an academic plan to our office. **If your appeal is approved, you will be expected to meet the enrollment goals set for each semester. We encourage you and your academic advisor to be realistic when planning the number of units you will complete each semester.**

**Academic Advisor:** The student whose name appears on this form is currently pursuing an appeal with the USC Financial Aid Office regrading her or his satisfactory academic progress (SAP) status. In order for the appeal to be reviewed, we need you to complete this form. You may either instruct the student to return this form to our office, send it to us via campus mail at MCO914 or fax it to our office.

Student's current major and degree objective \_\_\_\_\_ Anticipated graduation date \_\_\_\_\_  
Month/Year

Student's current minor objective \_\_\_\_\_ Anticipated graduation date \_\_\_\_\_  
Month/Year

Has student been admitted to major?  Yes  No If NO, when will student be admitted? \_\_\_\_\_

Has student been admitted to minor?  Yes  No If NO, when will student be admitted? \_\_\_\_\_

Is this part of a double major or dual degree objective?  Yes  No If YES, name other major/degree \_\_\_\_\_

Number of units still needed to complete the entire degree objective (including current enrollment) \_\_\_\_\_

**Schedule for remaining course work:** Please indicate the number of units the student should attempt to complete each semester and the general nature of the courses. Please encourage the student to be realistic when planning the number of units for each semester. **The student's eligibility for financial aid will depend on meeting the enrollment goals set below for each semester.**

< Example >

**FALL 2008**

8 units required courses

8 units electives

Advisor's Comments (Please include any observations or recommendations regrading the student's progress.)

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Campus Extension \_\_\_\_\_

Advisor's Name \_\_\_\_\_ E-mail address \_\_\_\_\_

## Part 2: Student's Letter of Appeal

You must submit a letter with this form explaining the reason for your appeal. If your appeal is due to your lack of academic progress in past semesters, you should (a) provide a detailed account of your circumstances for each of those semesters; and (b) discuss what changes you have made to ensure your academic success, should your appeal be approved. If you have any supporting documentation, please submit it with this form.