



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 2009

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 you 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.