

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): _____		

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. 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 to the extent permitted or required by law.

Appeal Guidelines

A student who is no longer eligible for federal or institutional financial aid due to a Financial Aid Suspension may appeal this status if unusual circumstances interfered with his or her ability to meet SAP standards. Some examples of unusual circumstances follow, along with examples of appropriate documentation required to support an appeal:

Circumstance	Documentation Required
The student's own mental or physical illness or injury or disability*	See note below
Death of a family member or significant person in the student's life	Provide a copy of an obituary or death certificate
Illness, accident, or injury of a significant person in the student's life	Provide documentation (e.g., a physician's statement, police report or documentation from a third party professional, such as a hospital billing statement), related to the individual for whom the student provided care or support
The student's own divorce or separation or the divorce or separation of the student's parent(s)	Provide an attorney's letter on law firm's letterhead, petition for dissolution, or copy of divorce decree
Personal problems 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	Provide a written statement from an attorney, professional advisor or other individual describing circumstances
Natural disasters	Provide a written statement and/or supporting document(s)
Exceeding timeframe based on years of enrollment at the College of Medicine	Provide the Associate Dean for Student Affairs' statement and signature on appeal form.

***NOTE: The process for appeal for health or disability-related reasons differs from the process for appealing on other bases. See below.**

CHECK MARK ONLY ONE OF THE FOLLOWING:

- My appeal is based upon my own mental or physical illness or injury or disability.

If you checked this box, you must:

- I. Obtain medical documentation from a licensed health care provider, or a letter on that health care provider's letterhead, which contains the following information:
 - A. The approximate date of onset of the mental or physical illness or injury or disability giving rise to the circumstances surrounding the appeal, and the dates through which such condition continued;
 - B. The general nature of the mental or physical illness or injury or disability that prevents or prevented you from meeting the SAP standards;
 - C. The last date on which you were or anticipate being able to resume your eligibility for financial aid.

- II. Provide the letter or medical documentation to **Campus Health Service** to the attention of:

Harry McDermott, M.D.
Executive Director, Campus Health Service
P.O. Box 210095
Tucson, AZ 85721-0095
FAX: 520-621-8412

Campus Health Service will review the documentation and, if it meets the conditions for appeal based upon your own mental or physical illness or injury or disability for the time period for which the suspension occurred, it will issue a **Verification of Health-Related Reasons for OSFA form**. The Verification form will include the dates of onset of the condition and the dates through which such condition continued, but will **not** include information related to the nature of the condition.

You must attach the Campus Health Verification form to your SAP appeal form and return it, along with a personal statement, to the College of Medicine Financial Aid Office.

- III. *Without describing the condition itself*, your personal statement should describe:
 - A. How the condition negatively impacted your ability to maintain necessary course enrollments or passing grades. If this condition covered more than one semester, address how the condition prevented you from meeting the standards for each semester.
 - B. How you attempted to maintain your financial aid eligibility during the most recent term, considering these circumstances.
 - C. How the circumstance(s) that prevented you from meeting the SAP standards have now been resolved.
 - D. Your enrollment plan for the next term in detail.

- My appeal is based upon circumstances **other than** my own physical or mental illness or injury or disability.

If you checked this box, **attach a separate personal statement**, which addresses the following, and return this form to the College of Medicine Financial Aid Office. Include:

1. The reason(s) that you failed to meet the SAP standards. If these circumstances covered more than one semester, address the relevant circumstances for each semester that you did not meet the standard(s).
2. How you attempted to maintain your financial aid eligibility during the most recent term, considering these circumstances.
3. How the circumstance(s) that prevented you from meeting the SAP standards have now been resolved.

You also must attach additional supporting documentation, such as third-party statements, police reports, an obituary or death certificate, court documentation, or a letter from an attorney or other professional, detailing the reasons for your inability to meet the SAP standards. If you are unable to provide supporting documentation, then you must state the reason you are unable to do so. All documentation must be legible and in writing.

SAP ACADEMIC PLAN FOR FINANCIAL AID
(To be completed by Associate Dean for Student Affairs)

Beginning Date of Contract _____ Ending Date of Contract _____ Today's Date _____

Student Name _____ Student ID _____

Current Med Academic Level _____ USMLE 1 Date _____ USMLE 2 Date _____

Estimated Graduation Date _____

STUDENT STATEMENT

I understand that I may continue to enroll in the College of Medicine as a medical student under the conditions outlined in this Satisfactory Academic Progress (SAP) Academic Plan. Failing to meet the conditions of the SAP Academic Plan will result in suspension from federal and institutional aid.

Students Not Meeting Passing Grades Requirement

- I will remain on Financial Aid Probation until I attain good academic standing. I am repeating _____ units of an "F" and _____ units of a "P" for the following semesters ____/____.
- I will earn a minimum of all passing grades while on this SAP Academic Plan. I understand that grades of lower than a "P" will compromise my financial aid eligibility.
- I will be off academic probation and in good academic standing no later than the end date listed above.
- I will earn graded units at a full time status and for the duration of semester defined by the academic calendar while on this SAP Academic Plan. I understand that a complete withdrawal from any semester while on academic probation should be discussed with my academic advisor and financial aid counselor *prior* to the withdrawal. A complete withdrawal while on my SAP Academic Plan may result in suspension from federal and institutional Aid.
- I am aware that the College of Medicine will contact me through my UA email address. I am responsible for reading and acting upon (when necessary) the information sent to my UA email account.

Students Not Meeting Pace (9-unit minimum per term)

- I will meet Pace while on this SAP Academic Plan.
- I will complete a minimum of 9 units (per term) in order to meet Pace.
- List courses and units for the upcoming term(s):

Students Exceeding Maximum Timeframe (6 years)

- I will follow my degree plan and course outline of classes required to graduate on ____/____/____.
- I have _____ more semesters before I graduate on the date provided above.

STUDENT CERTIFICATION

This contract is effective only for the date(s) specified above. 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 _____

ASSOCIATE 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 Satisfactory Academic Progress (SAP) status.

In order for this form to be reviewed, provide an academic contract to the student or write a statement and complete the information below:

Is this student pursuing a dual degree? Yes No If yes, which? _____

Is this student in an established CoM integrated program? Yes No If yes, when? _____

If the student has exceeded 150% of the published length, 6 years of active enrollment, for the Doctor of Medicine graduation term requirement (**maximum timeframe**), you must provide the following:

- A copy of the Student Progress Committee that confirms expected timeframe and outline of courses, clerkships, or USMLE examinations still required for graduation and a projected graduation date.
- If the student is pursuing a dual major submit additional documentation stating how many unduplicated terms are needed to graduate.
- In cases of change of dual major enrollment(s): either or both student advisors should contribute any pertinent information necessary.
- If there are excessive terms from the student changing their program major for the dual program, document the number of terms no longer contributing to his/her current degree(s).
- Include any other comments or recommendations regarding the student’s academic progress.

Summarize the academic plan that would return the student to good academic standing in the section below and any additional information that is applicable from above.

Associate Dean Signature _____ Date _____

Associate Dean Name (Print) _____

College _____

Associate Dean Phone _____ Associate Dean E-mail _____