

GRADUATE SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Student's Name _____ Student's USC ID Number _____
Last First
 Student's Telephone number _____ Student's USC e-mail address _____

Student: Submit form to the Financial Aid Office to request an exception to the University's policy on Satisfactory Academic Progress (SAP).
 If you are currently academically disqualified or if you have an activity restriction that prevents you from registering for classes, you may submit an SAP Appeal, but your appeal will not be considered until you have resolved those activity restrictions.

Part 1: 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 provide a detailed account of: **(a) What caused your work at USC to fall below acceptable standards? Think carefully and be specific. (b) How have those conflicts been resolved? (c) How do you intend to maintain good academic standards and progress toward your degree if your appeal is granted?** Statements should be typed and not more than two pages. If you have any supporting documentation, please submit it with this form.

Part 2: 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. Failure to meet goals established here will result in forfeiture of future financial aid.**

Academic Advisor: The student whose name appears on this form is currently pursuing an appeal with the USC Financial Aid Office regarding her or his satisfactory academic progress (SAP) status. In order for the appeal to be reviewed, we need you to complete this form. You should instruct the student to return this form or fax it to our office.

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

Is this part of a 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 (including current enrollment) 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. Failure to meet goals established here will result in forfeiture of future financial aid.**

< Example >
Semester/Year
 16 units

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

By signing here, I certify that the course plan outlined above should lead to completion of the degree objective. In addition, I certify that in my professional opinion the student is currently capable of successfully completing the course plan indicated above.

Advisor's Signature _____ Date _____ Campus Extension _____

Advisor's Name _____ E-mail address _____