

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Submit this two-part SAP Appeal to the USC Financial Aid Office to:

- (a) appeal your ineligibility for federal, state, and university need-based financial aid due to lack of satisfactory academic progress, or
- (b) request an allowance past the Maximum Time Frame—not to exceed 150% of the time frame to complete your program of study.

Please carefully read all instructions. **Your appeal will not be considered until both Parts 1 and 2 are submitted. Document upload is the quickest, most efficient way to submit materials to our office.**

USC's complete undergraduate and graduate SAP policies can be found in the [USC Catalogue](#).

If you are currently academically disqualified, you may submit an SAP Appeal, but your appeal will not be considered until you have resolved the disqualification.

Student's Name _____ Student's USC ID Number _____

Student's Phone # _____ Student's USC Email Address _____

Part 1: Student's Letter of Appeal

Attach a letter with this form explaining the reason for your appeal. **Letters should be typed and not more than two pages.** Letters that do not sufficiently address the required points may result in your appeal being put on hold or denied.

If your appeal is due to unsatisfactory GPA or pace of progress, or failing to meet the terms of an existing SAP contract, please provide a detailed account of:

- (1) What caused your work at USC to fall below SAP requirements? Think carefully and be specific.
- (2) How have those conflicts been resolved?
- (3) How do you intend to maintain good academic standards and progress toward your program of study if your appeal is granted?

If your appeal requests an extension past the Maximum Time Frame, please provide a detailed account of:

- (1) What prevented you from completing your program objective within the Maximum Time Frame?
- (2) How do you intend to ensure your completion objective within no more than 150% of the standard time frame to complete your program of study?

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Student's Name _____ Student's USC ID Number _____
Last First

Part 2: Academic Plan

Student: Please meet with your academic advisor to determine a semester-by-semester academic plan. Your advisor must complete this section of the form and sign to indicate their approval of the plan. **If your appeal is approved, you will be expected to meet the 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, as failure to meet goals established here may result in ineligibility for future financial aid.**

Student's current major/degree objective _____ Anticipated graduation date (MM/YY) _____

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

Does this plan contain units that are not required for completion of the degree objective(s)? Yes No If YES, please explain:

Schedule for remaining course work: Please specify the number of units the student should attempt to complete each semester until expected graduation, starting with the current semester. If the plan does not fit, please attach an additional page.

- **We strongly urge students who are struggling academically, or who have not earned many attempted units, to focus on completion of degree objectives.**
- Unit ranges cannot be accepted; if the student's academic plan requires future adjustment, a new appeal may be submitted for consideration.
- Students who enroll less than half-time for any given semester, unless the enrollment includes a qualifying full-time exception course such as a thesis or dissertation, will be ineligible for financial aid for that semester.

Sem/Year												Total Plan Units
Total Sem Units												

Advisor's Comments (as needed)

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 _____ Direct campus extension _____

Advisor's name _____ Advisor's email address _____