

## SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

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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 percent 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.** Upload both parts of your appeal through your Financial Aid Summary and Tasks (FAST) portal at [financialaid.usc.edu/fast](https://financialaid.usc.edu/fast).

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 \_\_\_\_\_

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### Part 1: Student's Letter of Appeal

Attach a letter with this form explaining the reason for your appeal. **Letters should be typed and no 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 completion of your program of study if your appeal is granted?

**If you are appealing to request 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 you intend to complete your objective(s) within no more than 150 percent 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 coursework:** Please specify the number of units the student will register for each semester until expected graduation, starting with the current semester, and excluding incomplete units from previous semesters that the student may be working to resolve. 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 \_\_\_\_\_