

Satisfactory Academic Progress (SAP) Appeal: Student-Advisor Action Plan

Student Name (please print)	Campus Key	College/School/Major	Appeal Term
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Please attach a letter explaining the circumstances that led to financial aid unsatisfactory academic progress. You must include what you will do differently/actions that will be taken to change the anticipated academic outcome of the upcoming term. **SUBMIT THE LETTER and this form, COMPLETED BY YOU AND YOUR ADVISOR,** to the Office of Financial Aid. **I have reviewed and fully understand the following (student initial each item):**

- _____ 1. Process of repeating courses at Thomas Jefferson University.**
- _____ 2. Process for satisfying incomplete courses at Thomas Jefferson University.**
- _____ 3. The manner in which GPAs are calculated.**
- _____ 4. The process and policies regarding course withdrawal at Thomas Jefferson University.**
- _____ 5. Student Academic Support Resources at Thomas Jefferson University.**
- _____ 6. I agree to meet regularly with my Academic Advisor to review my academic status.
- _____ 7. If approved, I understand my financial aid eligibility for the upcoming term will be probationary unless I meet the following conditions:

If not earning at least 67% of attempted credits:

Students must earn all attempted credits without Fs or Ws and continue to meet the minimum cumulative GPA requirement.

If not meeting minimum GPA requirement:

Undergraduate students must earn a minimum term 2.25 GPA;
 Graduate students must earn a minimum term GPA of 3.25.

If not meeting BOTH earned 67% of attempted credits AND meeting GPA requirement:

Students must earn all attempted credits without Fs or Ws AND Undergraduate students must earn a minimum term 2.25 GPA;
 Graduate students must earn a minimum term GPA of 3.25.

Coursework Plan for Probationary term:

<u>Course Name</u>	<u>Course Number</u>	<u>(R)repeat or (N)ew Course</u>	<u>Credit Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 Student signature

 date

 Academic Advisor signature

 date

 Advisor name (please print)

*** Consult University catalog: East Falls campus academic policies and procedures*