

TEXAS A&M UNIVERSITY - CORPUS CHRISTI
Satisfactory Academic Progress Appeal Request

Students may use this form to request a re-evaluation of the termination of their financial aid. Submit your completed appeal request and supporting documentation verifying extenuating circumstance to the Office of Student Financial Assistance for review by the Financial Aid Appeals Committee. Please allow 2-3 weeks for processing.

Name

A _____
Student ID

Telephone Number

APPLICANT SECTION:

Briefly explain what circumstances have led to your inability to maintain satisfactory academic progress (i.e. death of immediate family member, injury or illness of applicant or immediate family member, etc.). Be sure to attach supporting documentation (i.e. signed letter from healthcare professional, death certificate police reports, or other documentation).

What adjustments have you made that will help resolve the issues listed above and will allow you to meet the standards of Satisfactory Academic Progress?

I certify that all the information is accurate and complete. I understand that I must submit supporting documentation with this appeal or it will be automatically denied. I understand that the Advisor section must be completed prior to turning in my appeal request. I understand that even if this waiver is granted, it may not be in time for financial aid to pay for my classes. Consequently, I must make other payment arrangements for my tuition and fees for the current semester.

Student Signature

Date

ACADEMIC ADVISOR SECTION:

Advisor Name

College

Email

Telephone Number

Is the student making reasonable progress towards completing his/her degree requirements?

Has the student been placed on a degree plan and/or been provided with any additional advice regarding the successful completion of degree requirements?

How many hours are required for the student's field of study? _____

How many hours remain before the student can receive his/her degree? _____

Advisor Signature

Date

FOR FINANCIAL AID OFFICE USE ONLY

Appeal Committee:

A. _____ Approved or Denied GPA _____
B. _____ Approved or Denied
C. _____ Approved or Denied HRS _____

Date review completed: _____

Recommendation:

- Extenuation circumstances that contributed to unsatisfactory progress are temporary and the applicant will be able to complete his/her educational goals.
- Extenuating circumstances that are contributing to unsatisfactory progress have the potential to keep applicant from meeting the attempted hour requirement or GPA; however, applicant demonstrates insight with good academic effort toward successful completion of his/her academic goal.
- Extenuating circumstances are likely to continue unless applicant gains insight to resolution strategies such as improved study skills and/or counseling. Recommend that applicant to seek academic or personal counseling and reapply next semester.
- Extenuating circumstances are unconvincing and do not warrant a waiver. Recommend that applicant work on academic goals and reapply next semester.
- Extenuating circumstances that contributed to unsatisfactory progress appear to be ongoing and applicant lacks the insight and/or resolve toward a realistic academic plan.
- Other: _____

Notes:

This form is to be used (with supporting documentation) by a student who has experienced an extenuating circumstance during the academic year that led to their inability to maintain satisfactory academic progress to request that SAP requirements be waived.

Additional documentation required

- Documentation verifying your extenuating circumstance

Please be sure to attach the above-mentioned documentation to your form.

How to complete this form

When completing the form, please print clearly to allow for correct processing. Note that your Student ID is your University-assigned student ID that begins with the letter "A" and is followed by numerals. Please attach all necessary documentation to this form upon submission.

Submission instructions

Once completed, you can mail, fax, or drop off your form in person to:

By postage mail:

Texas A&M University-Corpus Christi
Office of Student Financial Assistance
6300 Ocean Drive, Unit 5772
Corpus Christi, Texas 78412-5772

By fax:

361.825.6095

Re: *SAP Waiver Request for [Student's full name]*

In person:

Office of Student Financial Assistance
1st floor, Student Services Center (Round Building)

Due to stringent security issues, any information submitted via e-mail will not be processed.

How your form is processed

Once your form has been received by the Office of Student Financial Assistance, it takes 1-2 weeks to process. To check on the processing status of your form, please contact the Office of Student Financial Assistance by phone at 361.825.2338.