TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™ EL PASO

Satisfactory Academic Progress (SAP) – Student Appeal Form

Student Last Name:			**Student First Name:**	
Student R #:			**Cell #:**	
Term of Appeal:	☐ Fall	☐ Spring	☐ Summer	
Do you have a Prior Term Balance?	☐ Yes	☐ No		
Deadline to Submit Complete Appeal:	**12th Class Day. No Late Appeals Accepted. Incomplete Appeals Will Not Be Reviewed. Late FAFSA, will also have 12 class days to submit a SAP appeal.**			
Student Level:	☐ Undergraduate	☐ Graduate	☐ Law	
Dual Degree Student?	☐ Yes (This form is required by both academic advisors)	☐ No		
College:	**Major:**			

Instructions for completing an appeal for financial aid:

- The following documents are <u>required</u> for your appeal. Submitting an incomplete appeal could cause you to lose aid for the term your are enrolled

- **Written Statement:** Telling us why you did not meet SAP standards. (Hardship should be in the term failed).

  → Provide a typed, detailed explanation of the circumstances that prohibited you from meeting satisfactory academic progress from the last time failed (e.g., medical, death (immediate family members) divorce, military service, exceeding time frame). Work is not considered a hardship. (If this is your 2nd or 3rd appeal, your circumstance must be different from any previous appeal).

    o What steps have you or will you take to address these circumstances, and how will you manage similar circumstances in the future?
    o **COVID-19-** Circumstances regarding the COVID-19 outbreak including, but not limited to, an illness of a student or family member. (Must submit positive, dated COVID results with student name) compliance to a quarantine period, or the general disruption resulting from this outbreak, may form the basis of a student SAP appeal.

- **Supporting Documents**
    - Submit documentation or supporting letters to confirm your circumstance. (e.g., letter from physician or counselor, medical bills, death certificate(obituary), detailed letter explaining circumstance regarding COVID-19, military orders, court documents(We can not accept a picture of a pill bottle or car wreck), and police report.
    - **COVID-19-** see requirements listed above.
  - **Academic Plan**
    → Meet with your college Academic Advisor to complete page 2
    → Your academic advisor <u>must</u> complete page 2 of this form. You and your Academic Advisor must provide your signatures.
    → An academic plan will be completed on page 2 with your Academic Advisor showing what courses are recommended for your next term of enrollment, This academic plan should be followed while making sure SAP requirements are meet.
        o **SAP requirements:**
            -**GPA-** Your GPA is below the minimum requirement (2.5 Undergraduate, 3.0 Graduate, Passing MD/DM)
            -**Pace-** Your cumulative and/or term completion rate is below 67%. Any classes dropped after the 12th class day counts as credit hours attempted and not earned. (Undergraduate and Graduate Only)
            -**Maximum Time frame-** You have exceeded 150% of the credits required for your program of study

Submit this appeal form, your letter and documentation, and your academic plan to elp.financialaid@ttuhsc.edu or bring directly to the Student Financial Office, **It is the student's responsibility to submit this form, not the Academic advisors.** Please allow at least 10 business days for processing.

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SUBMIT TO: Student Financial Aid Office
137 Rick Francis MSB II El Paso, TX 79905
elp.financialaid@ttuhsc.edu

Satisfactory Academic Progress (SAP)

Student Last Name:		Student First Name:	
Student R#:			

Academic Plan

As part of my academic plan, I understand I must:

- Earn a financial aid Semester GPA of : _____
- Successfully pass at least 67% of all credit hours attempted. Hours Needed To Be Earned: _____
- Earn my degree within 150% of the credit hours allowed by my education program

The following grid is required for all students (to be completed by Academic Advisor).

Carefully evaluate this plan, as students will be expected to complete all courses listed below and earn the indicated required semester GPA. Understand that the student may lose aid eligibility if these terms are not met. If the student/advisor believes that the student will be better suited to enroll in less than full-time credit hours per term during this SAP academic plan, please indicate below. List specific courses or list general enrollment requirements. List the most effective plan for the student to graduate; the SAP Academic Plan should detail significant and reasonable progress. This appeal must be completed and submitted by the 12th class day. No late appeals will be accepted, and incomplete appeals will not be reviewed.

SEMESTER

Course Name	# of Credits	Core or Major Requirement? Y/N	Repeated Course? Y/N (If Y, please check with Financial Aid)

The following conditions are suggestions you can discuss with your advisor.

As part of my Academic Success Plan, I agree to the following conditions of the contract:

Student initial by each condition agreed upon with your advisor

_____Meet with my Academic Advisor or Academic Recovery Advisor every…   Two weeks   Three weeks

_____Meet with my course instructors a minimum of two times during the returning semester.

_____Register only for courses as discussed with my Academic Advisor

_____Will work the following average hours per week.   _____Full time   _____Part-time   _____Not at all _____

_____Will set up tutoring appointments

_____

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Satisfactory Academic Progress (SAP) – Student Academic Plan			
Student Last Name:		**Student First Name:**	
Student R#:			

<u>Academic Advisor Statement</u>

Include an anticipated date that the student will be back on track to

degree completion: Please use the space below if you would like to

include any additional information: (Please make sure all additional

information fit in description space below)

I certify that I have worked with the student to fill in the information listed on page 2.

_____   _____
Academic Advisor Signature   Date

_____
Advisor Name (Print)

_____   _____
Advisor Phone   Advisor Email

Student Certification

I agree to this SAP Academic Plan. I understand that failure to follow and complete this plan will result in suspension from federal, state, and institutional aid. I acknowledge that I am responsible for reading and acting upon (when necessary) the information sent to my TTUHSC EP email account. I certify that all information submitted with this appeal is accurate and true to the best of my knowledge, that all copies are unaltered, and that I have appropriately obtained all supporting documentation. My personal statement explaining my circumstance is attached, **I have read and understand the SAP Standards Policy and understand that submitting this form does not guarantee that my request will be granted.**

_____   _____
Student Signature   Date