

This form is used to appeal financial aid Satisfactory Academic Progress (SAP) suspension. [SAP standards](#) ensure that students are successfully completing coursework and can continue to receive financial aid.

Appeal deadline dates: Fall 2024 - October 18, 2024
 Spring 2025 - March 14, 2025
 Summer 2025 - June 13, 2025

DIRECTIONS:

Submit this completed form and additional documentation using the online dropbox at z.umn.edu/MorrisDocuments.

QUESTIONS:

One Stop Student Services

105 Behmler Hall
 600 East 4th Street
 Morris MN 56267-2132

320-589-6046

ummonestop@morris.umn.edu

Student Information	
Preferred Name	Student ID Number
Primary/Legal Name (last, first, middle initial)	Phone Number
Term of Appeal: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____	

Student Explanation
Reason for financial aid SAP suspension (check all that apply): <input type="checkbox"/> GPA <input type="checkbox"/> Credit completion ratio <input type="checkbox"/> Maximum time frame exceeded <input type="checkbox"/> Readmission after collegiate suspension
Be specific in describing the special circumstances that interfered with your ability to meet SAP standards. Refer to the SAP website for appeal reasons and examples of required documentation. If applicable, describe actions you will take to improve your academic performance. Submit additional pages if necessary.

Certification	
By signing this form, I certify that all the information reported is complete and correct.	
Student Signature	Date

Preferred Name	Student ID Number
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Advisor Information - this section must be completed for this appeal to be processed.

Review the reason(s) your advisee is on financial aid SAP suspension and develop an academic plan leading up to graduation with them. This plan, if successfully followed, will result in the student meeting the required financial aid SAP standard.

Anticipated graduation date: Fall Spring Summer Year _____

Academic planning software used: APAS Grad Planner Other _____

Complete the Academic Plan below.

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Subject & Course #	Year _____ Subject & Course #	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Subject & Course #	Year _____ # of Credits
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Subject & Course #	Year _____ # of Credits	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Subject & Course #	Year _____ # of Credits
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Subject & Course #	Year _____ # of Credits	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Subject & Course #	Year _____ # of Credits

Describe actions that you and the student discussed to improve their academic performance (i.e. referral to campus support staff, reduced credit load, change in academic plans, and/or change in class schedule). Submit additional pages if necessary.

Advisor Name	Advisor Signature	Date
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