

24-25 Satisfactory Academic Progress Appeal GPA and/or Pace

Student Name: _____ TXWES ID #: _____

Phone #: _____ Email: _____

If you experienced extenuating circumstances that prevented you from meeting SAP criteria, you may appeal by completing this form and attaching all required documentation. The information you provide will be used solely for the purpose of your academic scholarship and will be held in strict confidence. **Note: Your request will not be reviewed unless supporting documentation is submitted.** Additional documentation may be requested after the initial review. **Note to Student:** Financial Aid is **NOT** awarded retroactively for a prior term in which your Satisfactory Academic Progress was "Unsatisfactory".

Definition of Extenuating Circumstances: Per Federal Regulations, extenuating circumstances are defined as: Appeals may be granted for students who fail to complete their courses because of injury or illness, the death of relative, or other special circumstances which fall beyond the student's control.

Circumstances that are not considered extenuating include incarceration, poor choice of classes, poor progress due to employment obligations, personal problems involving moving, childcare, relationship issues, loss of roommate, transportation difficulties, and other similar problems.

- Step 1.** Complete this Appeal Form, write your personal statement, and gather supporting documentation.
Step 2. Meet with your Academic Advisor to complete your "Success Plan" (pages 2 & 3)
Step 3. Submit this Appeal form, Success Plan, and other relevant documentation for review

Appeal Reason(s) and Documentation: Appropriate documentation of your extenuating circumstances must accompany this appeal. Examples of appropriate documentation include notes from a Health Care Provider(s), counselors, and social workers. Police Reports, death notices, and court reports may be used to document your circumstances. **Notes from family members and friends do not constitute adequate documentation.**

Please indicate the reason for the appeal below and attach the required documentation. Examples of appropriate documentation include notes from a Health Care Provider(s), counselors and social workers. Police Reports, death notices, and court reports may be used to document your circumstances. **Notes from family members and friends do not constitute adequate documentation.**

- Serious injury** of the student and/or the student's immediate family. Please provide documentation from your provider such as a written statement on your provider's letterhead. No medical records are required.
- Serious extended illness** of the student and/or the student's immediate family. Please provide documentation from your provider such as a written statement on your provider's letterhead. We do not require copies of medical records. Was this illness Covid-19 related? Yes No
- Learning disability.** Documentation from the Office of Disability Accommodation confirming disability and time period.
- Death** of the student's close relative. Date of death: _____ (MM/DD/YY) Copy of the death certificate or complete funeral program.
- Other:** _____

Personal Statement: Attach a detailed statement that includes the following information:

- Explain the reason for the appeal including details about your situation(s).
- Explain when the situation occurred and how it affected your ability to successfully complete your courses and/or grade point average during that time period.
- Explain what has changed that will now allow you to successfully complete your courses and what actions you plan to implement to prevent or correct this situation in the future at TXWES.

Certification and Signature

I certify that all the information contained on this form is complete and correct.

Student's Signature (Required)

Date

Student Resource Recommendations

Date: _____

Student Name: _____ Student ID: _____

Major: _____ Primary Advisor: _____

Advisor Recommendations:

- Use Academic Success Center (EJW Library)
- Tutoring
- Campus Resources (Career Services, Student Support Services, The Freshman Experience)
- Study Resources
- Workshops
- See a counselor in the Advising Center (EJW Library, Rm 123)
- Disability Services
- Follow-up appt with _____, on _____, at _____

Comments/Additional Notes:

Student's Signature

Signature of Academic Advisor approving this plan

Academic Advisor name (print)

Texas Wesleyan University Degree Planning Worksheet

Name: _____ Major / Minor: _____

Advisor: _____ Date: _____

Freshman Fall	Credit Hours	Freshman Spring	Credit Hours	Freshman Summer	Credit Hours
Hours		Hours		Hours	
Sophomore Fall	Credit Hours	Sophomore Spring	Credit Hours	Sophomore Summer	Credit Hours
Hours		Hours		Hours	
Junior Fall	Credit Hours	Junior Spring	Credit Hours	Junior Summer	Credit Hours
Hours		Hours		Hours	
Senior Fall	Credit Hours	Senior Spring	Credit Hours	Senior Summer	Credit Hours
Hours		Hours		Hours	

TXWES HOURS _____

TRANSFER HOURS _____

TOTAL HOURS _____

OFFICE OF FINANCIAL AID USE ONLY

- Appeal Approved _____ Appeal Requirements Met
- Appeal Denied Appeal Requirements NOT Met SU F SP Yr _____
- Restricted Approval S U F SP Yr _____
- Appeal Tabled (needs more info) Tabled Date: _____

Recommendations:

- You will be placed on Probation for 2 Semesters. Your Academic Progress at Texas Wesleyan University will be assessed at the end of the first Semester and then again at the end of the second semester.

If you have not met the minimum Satisfactory Academic Progress (SAP) and the end of the second semester, you will be moved back to Unsatisfactory. *This will mean that you will need to file another SAP Appeal.* There is no guarantee that your second SAP Appeal will be approved.

Continue to work with your Academic Advisor to ensure that you will be on track for completion of your degree at TXWES.

Undergraduate minimum SAP requirements: Cumulative GPA of 2.00 and completion rate of 67% for all classes attempted.

Graduate minimum SAP requirements: Cumulative GPA of 3.00 and a completion rate of 67% for all classes attempted.

- Comments:

Financial Aid Administrator Signature

Date