

2023-2024 Satisfactory Academic Progress (SAP) Appeal

| Student Name | TXWES ID #: |
|---|--|
| | |
| Phone #: | Email: |
| by completing this form and attaching solely for the purpose of your academ will not be reviewed unless supportions. | instances that prevented you from meeting SAP criteria, you may appeal all required documentation. The information you provide will be used it is considerable and will be held in strict confidence. Note: Your request ing documentation is submitted. Additional documentation may be to Student: Financial Aid is NOT awarded retroactively for a prior term regress was "Unsatisfactory". |
| Appeals may be granted for students v | nces : Per Federal Regulations, extenuating circumstances are defined as: who fail to complete their courses because of injury or illness, the death ices which fall beyond the student's control. |
| | red extenuating include incarceration, poor choice of classes, poor ons, personal problems involving moving, childcare, relationship issues, culties, and other similar problems. |
| Step 2. Meet with your Academic Advi | rite your personal statement, and gather supporting documentation. sor to complete your "Success Plan" (pages 2 & 3) ess Plan, and other relevant documentation for review |
| accompany this appeal. Examples of a counselors, and social workers. Police your circumstances. Notes from famil Please indicate the reason for the appea appropriate documentation include no Police Reports, death notices, and coufamily members and friends do not | on: Appropriate documentation of your extenuating circumstances must appropriate documentation include notes from a Health Care Provider(s), Reports, death notices, and court reports may be used to document ly members and friends do not constitute adequate documentation. The early below and attach the required documentation. Examples of the examples from a Health Care Provider(s), counselors and social workers. The reports may be used to document your circumstances. Notes from constitute adequate documentation. The or the student's immediate family. Please provide documentation from |
| your provider such as a written stat Serious extended illness of the stu documentation from your provider require copies of medical records. | tement on your provider's letterhead. No medical records are required. Understand/or the student's immediate family. Please provide such as a written statement on your provider's letterhead. We do not Was this illness Covid-19 related? The statement of the statement of your provider's letterhead. We do not was this illness Covid-19 related? The statement of the statement of the statement of your provider's letterhead. We do not was this illness Covid-19 related? The statement of the state |
| ☐ Death of the student's close relative certificate or complete funeral prog | e. Date of death: (MM/DD/YY) Copy of the death ram. |
| Personal Statement: Attach a detailed Explain the reason for the appe Explain when the situation occurourses and/or grade point ave Explain what has changed that | I statement that includes the following information: eal including details about your situation(s). urred and how it affected your ability to successfully complete your |
| | ned on this form is complete and correct. I understand that it may take 5 ompleted form and documents for this request to be processed. |
| Student's Signature (Required) | Date |

Student Resource Recommendations

| Date: | |
|--|---|
| Student Name: | Student ID: |
| Major: Pr | imary Advisor: |
| Advisor Recommendations: | |
| □ Use Academic Success Center (EJW | Library) |
| □ Tutoring | |
| ☐ Campus Resources (Career Service Experience) | s, Student Support Services, The Freshman |
| ☐ Study Resources | |
| □ Workshops | |
| \square See a counselor in the Advising Ce | nter (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 |
| | Please print Academic Advisor name |

SUCCESS PLAN: To Be Filled Out With Academic Advisor During Meeting

Texas Wesleyan University Degree Planning Worksheet

Name: _____ Major / Minor: _____

| Advisor: | Date: | | | | |
|----------------|-----------------|------------------|-----------------|------------------|-----------------|
| | | | | | |
| Freshman Fall | Credit Hours | Freshman Spring | Credit Hours | Freshman Summer | Credit Hours |
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| | | | | | |
| | | | | | |
| Hours | Credit | Hours | S Credit | Hours | Credit |
| Sophomore Fall | Hours | Sophomore Spring | Hours | Sophomore Summer | Hours |
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| | | | _ | | |
| Hours | Credit | Hours | Credit | Hours | Credit |
| Junior Fall | Hours | Junior Spring | Hours | Junior Summer | Hours |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Senior Fall | Credit | Hours | Credit | Hours | Credit |
| Semor Fail | Hours | Senior Spring | Hours | Senior Summer | Hours |
| | | | | | |
| | | | | | |
| | | | | | |
| Harris | | 11 | _ | Harre | |
| Hours | | Hours | S | Hours | |
| | | | | | |
| TXWES HOURS | | TRANSFER HOURS | - | TOTAL HOURS | |

| | Appeal Approved Appeal Requirements Met |
|----------|--|
| | Appeal Denied |
| | Restricted Approval S U F SP Yr |
| | Appeal Tabled (needs more info) Tabled Date: |
| Rec | ommendations: |
| | You will be placed on Probation for 2 Semesters. Your Academic Progress at Texas Wesleyan University will be accessed at the end of the first Semester (P1) and then again at the end of the second semester (P2). |
| | If you have not met the minimum Satisfactory Academic Progress (SAP) and the end of <u>P2</u> , you will be moved back to Unsatisfactory. <u>This will mean that you will need to file another SAP Appeal.</u> 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. |
| | <u>Undergraduate minimum SAP requirements</u> : Cumulative GPA of 2.00 and completion rate of 67% for all classes attempted. |
| | <u>Graduate minimum SAP requirements</u> : Cumulative GPA of 3.00 and a completion rate of 67% for all classes attempted. |
| | Comments: |
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| ls tł | ne student enrolled in Summer term classes? Yes No |
| | |
| Fina | ancial Aid Advisor Signature (Date) Financial Aid Director (Date) |

OFFICE OF FINANCIAL AID USE ONLY