



Reasonable Academic Progress (RAP) Appeal

Office of Student Financial Aid

University of Kentucky
128 Funkhouser Building
Lexington, KY 40506-0054
(859) 257-3172 ext. 245

IMPORTANT: DO NOT submit this form unless a written appeal and appropriate documentation, if required, is attached. Review of this appeal will be delayed if it is incomplete.

SECTION I. GENERAL INFORMATION *(to be completed by student)*

Email _____

Name _____

SSN _____

(please print; no nicknames, please)

Address *(to which appeal decision is to be sent)* Phone _____

ID Number _____

_____ Street

_____ City

_____ Zip

Certification Statement:

By my signature below, I certify that I have read and understand the UK RAP standards. I understand that it is my responsibility to monitor my academic progress and to be aware of the requirements of my program, so that I can complete my degree within the time allowed by Federal regulations and that withdrawals and incompletes could affect my eligibility for aid. I understand that I am permitted one appeal per academic career, i.e., undergraduate degree or graduate degree. If my appeal is denied, I understand that I must reestablish my aid eligibility by attending at my own expense and raising my cumulative academic record to the minimums listed in the UK Student Financial Aid satisfactory academic progress standards, and that I am responsible for any University charges incurred if my appeal is not approved. I certify that the information in this appeal is accurate and complete: I understand that any false information will be cause for denial, reduction, and/or immediate repayment of any aid.

Signature _____ Date _____

SECTION II: Second Degree, Postbaccalaureate, and/or Nondegree Students ONLY *(to be completed by the academic dean, department head, or advisor)*

- ___ 1. This student is seeking a second undergraduate degree or teacher certification. Please identify degree or certification: _____
- ___ 2. This student is pursuing special undergraduate studies required for admission into a graduate program or requirements for certification other than teaching.
- ___ 3. Other (explain) _____

Name _____ Department _____

(please print)

Signature _____ Phone _____ Date _____

SECTION III: *to be completed by Student Financial Aid*

Approved ___ Approved Conditionally ___ Denied ___ Deferred ___

Conditions: _____

Release: Fall/Spring ___ Fall Only ___ Spring Only ___ Summer ___

- ___ Additional Course Work
- ___ Committee Exception
- ___ Computer Error
- ___ Grade(s) Change/Late
- ___ Medical (___ Documentation)
- ___ Professional Judgment
- ___ Residence Credit (Grad Students)
- ___ Other _____

Approval/Denial Signature _____ Date _____

R _____

G _____

C _____

ProSAM: Summ _____

Track _____

Memo _____

CM _____

Contract _____

LETTER: _____

Date _____

- ___ C. Dillon (A-Cl)
- ___ L. Knight (Cm-Gl)
- ___ T. Pemberton (Gm-J)
- ___ S. Rowe (K-M)
- ___ L. Green (N-Sha)
- ___ P. Miller (Shb-Wa)
- ___ C. Jones (Wb-Wek)
- ___ K. Stamper (Wel-Whe)
- ___ D. Prater (Whf-Wild)
- ___ T. Thomas (Wile-Will)
- ___ J. Bond (Wilm-Wis)
- ___ J. Jones (Wit-Wor)
- ___ R. Bryant (Wos-Y)
- ___ R. Collier (Z)