



Satisfactory Academic Progress (SAP) Appeal

University of Kentucky
Office of Student Financial Aid & Scholarships
128 Funkhouser Building
Lexington, KY - 40506-0054

Email: FASAP@uky.edu
voice: (859) 257-3172
fax: (859) 257-4398

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. **Deadlines: Fall '20 & Spring '21 Semesters - Last Day to Add/Drop Course for Semester, Summer '20 - June 30**

SECTION I. GENERAL INFORMATION <i>(to be completed by student)</i>		Email	_____
Name	_____	SSN	_____
<i>(please print; no nicknames, please)</i>			
Student Address <i>(to which appeal decision is to be sent)</i>	Phone	UK ID Number	_____
_____	_____		
Street	City	State	Zip

Please Submit the Following:

- Appeal Form:** Your signature is required below. This appeal is only for purposes related to the receipt of financial aid.
- Personal Statement:** Your typed clear and concise statement – written by the student - must include:
 - The reasons you failed to meet the standards: be specific in describing what caused your academic difficulties. Explain the reason for any Incomplete (I) or Withdrawal (W) grades on your transcript.
 - What has been done to remedy the situation, and
 - Why it will not happen in the future/what steps are being taken to ensure academic success.
- Documentation:** Attach documentation to support all extenuating and/or unusual circumstance detailed in your letter. Note that documentation will not be returned: keep a copy for your records. UK will not contact anyone to obtain information for your appeal.

SECTION II. Student Certification Statement *(to be completed by student)*

By my signature below, I certify I have read and understand the UK SAP standards. I understand it is my responsibility to monitor my academic progress and to be aware of the requirements of my program, so I can complete my degree within the time allowed by Federal regulations. Additionally, I am aware withdrawals and incomplete grades could affect my eligibility for aid. I understand I am permitted one appeal per academic career - i.e. undergraduate degree or graduate degree. If my appeal is denied, I understand 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. Furthermore, I acknowledge neither paying for classes nor sitting out a semester will reestablish eligibility and I am responsible for any University charges incurred while my appeal is being processed or if it is not approved. I understand submission of an appeal is not a guarantee of reinstatement of aid. I certify the information in this appeal is accurate and complete. I understand any false information will be cause for denial, reduction, and/or immediate repayment of any aid.

Signature _____ Date _____

Please allow ten business days for processing of your complete appeal. A written decision to your appeal will be sent to the email address provided above, or you may refer to your myUK account to follow the status of your appeal. Appeals are processed in the order they are received and are subject to volume and time constraints.

SECTION III: Second Degree, Post baccalaureate, and/or Non-degree Students ONLY *(to be completed by the student's 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. Please identify the program or certification: _____
- ___ 3. Other (explain) _____

Name _____ Department _____
(please print)
Signature _____ Phone _____ Date _____

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

Appeal Result: Probation _____ Denied _____ Deferred _____

Requirements: _____

Release: Fall/Spring _____ Fall Only _____ Spring Only _____ Summer _____

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

Probation/Denial Signature _____ Date _____

- | | |
|-----------|-------|
| R | _____ |
| G | _____ |
| C | _____ |
| DB | _____ |
| CM | _____ |
| Track | _____ |
| Memo | _____ |
| AcdSm | _____ |
| Letter | _____ |
| AdvLetter | _____ |
| Contract | _____ |

- ___ J. MacLeod (A – B)
- ___ M. Massarone(C–D)
- ___ T. Bryan (E – Ha)
- ___ B. Mekus (Hb – K)
- ___ J. Belcher (L – M)
- ___ A. Mundy (N – R)
- ___ K. Stamper (S – T)
- ___ L. Foellger (U – W)
- ___ L. Peters (X, Y, Z)