



Satisfactory Academic Progress Appeal Form: Graduate Students

Use this form if you wish to appeal the finding that you are not meeting the University of Maine’s Satisfactory Academic Progress Policy for financial aid recipients.

Who can appeal: Every student has the right to appeal in writing if you believe that you have extenuating circumstances that have impeded your academic progress. Special circumstances for review may include: medical problems, a death in the family, or other family crisis.

How to appeal: Complete sections 1 and 2 and return the completed signed form with accompanying documentation to:

Graduate Satisfactory Academic Progress Appeal Committee
Office of Student Financial Aid
5781 Wingate Hall
University of Maine
Orono, ME 04469-5781

Documentation: Provide documentation as appropriate to support your appeal. Examples: If the appeal is for medical issues, submit a letter from a doctor, hospital bills, etc. If a death in the family occurred, please submit the obituary.

Section 1: (please print or type)

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>Student ID</i>
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Current Mailing Address

Phone #: _____ *Email:* _____

Acad. Major(s): _____ *Advisor:* _____

Cumulative GPA: _____ *Degree hours earned:* _____

Degree (i.e. M.Ed.): _____ *Anticipated graduation date:* _____

Section 2 (please print or type)

Please explain why you are unable to meet the Satisfactory Academic Progress policy. Be specific about the circumstances and in what term(s) these factors occurred. Review your academic transcript carefully. (Attach additional sheets if necessary).

Please outline what you have changed in your circumstances and your approach so that you may meet the academic progress policy. Be specific about these changes and how they address the problems you have had in the past. (Attach additional sheets if necessary).

You will be notified in writing of the committee's decision within 3 weeks of receipt of the appeal. If your appeal is denied, you will be responsible for all outstanding University charges.

Date

Name (print)

Signature