

## Satisfactory Academic Progress (SAP) Appeal Application 2012-2013

1	Last Name	First Name	Middle Initial	UST ID#
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All sections must be completed before submitting the SAP Appeal Application to the Office of Scholarships and Financial Aid located in Herzstein Enrollment Center. Incomplete SAP Appeal Applications will not be considered. Please print legibly.

## **SECTION I: Statement of Academic Integrity**

**Student Responsibility:** You are responsible for knowing and abiding by all guidelines, deadlines, scholarly requirements, and Federal requirements which can be viewed online at www.stthom.edu. Lack of knowledge is not a valid excuse for failing to follow the Federal guidelines. If you have questions regarding the requirements, it is your obligation to clarify the meaning before the failure to abide becomes an issue in evaluation of your appeal.

**Statement of Academic Integrity:** Ethical conduct is essential to a community of scholars and students searching for the truth. Anything less than a total commitment to honesty and honorable conduct undermines the efforts of the entire community. Academic integrity lies at the very heart of any institution of higher learning. At the University of St. Thomas, students and faculty are expected to commit to a code that exemplifies each individual's honor and integrity. Any conduct that violates this standard and betrays the respect of others is a matter of grave concern and is unacceptable.

**Statement of Scholarship:** Scholarly work is essential to uphold the value of education provided by the University of St. Thomas, as well as the currency of all degrees conferred within the greater educational, professional and world community. Anything less than a total commitment to preparation, attentiveness, active intelligence, reasonableness, and responsibility for producing the highest quality college work undermines the efforts of the entire community. It is the student's responsibility to seek out academic and personal support when crisis occurs.

**Statement of Understanding:** The SAP Appeal Application I have submitted represents my best efforts to commit to UST goals of Higher Education. I understand that the Satisfactory Academic Progress Appeals Committee's decision is <u>final</u> and re-appeals will not be accepted for the 2012-2013 academic year. The SAP Appeals Committee's decision may stipulate conditions and restrictions, if not followed explicitly; I understand that I forfeit my financial aid eligibility for 2012-2013.

**Statement of Release:** I am requesting that the SAP Appeals application and supporting documentation I have submitted, be reviewed for consideration by the SAP Appeals Committee members.

I hereby authorize the Satisfactory Academic Progress Appeals Coordinator and Committee to discuss and obtain any documentation related to my academic performance, my character, my potential for success in the endeavor for which he/ she is recommending me, and any other professional or academic information he/she considers relevant. I also waive my right under the Family Educational Rights and Privacy Act (FERPA) to see the letter, making it confidential between the individual contacted and the Satisfactory Academic Progress Appeals Committee.

I understand that I will be notified of the committee's decision by email via my university email account. Any fees I may owe the university are due on the date specified regardless of the status of my appeal.

Student Signature	Date
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## Satisfactory Academic Progress (SAP) Appeal Academic Advisor Certification Form 2012-2013

Middle Initial

Student UST ID#

Academic Advisor Certification for Sa (To be completed by assigned Acade			
f successfully completed, will the plan of study s this plan reasonable in terms of semester hou difficulty?	YES	NO	
As the student's Academic Advisor, your persyalued. Please feel free to email your recom Appeals Committee to Dean Lynda McKendre and shared only with committee members.	nmendations and opinions for the	Satisfactory Acad	demic Progress
Question	Yes	No	
Has the student ever come in to talk to you about	out academic progress?		
Discussed degree requirements pertaining to t	he student's major?		
Discussed or developed a plan to improve aca	demic success?		
Reviewed and made adjustments as appropria	ite to the student's schedule?		
Would you like to discuss the progress/plan?	(If yes, OSFA will contact you.)		
Academic Advisor's Printed Name	Department	Extension	
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Academic Advisor's Signature	Э		
Comments:			

First Name

Last Name

Please mail or fax (713.525.2142) this completed form to the Office of Scholarships and Financial Aid.