



# Satisfactory Academic Progress Appeal Application

Office of Scholarships and Financial Aid  
3800 Montrose Blvd.  
Houston, Texas 77006  
Ph. 713-525-2170 Fax. 713-525-2142

UNIVERSITY  
of  
ST. THOMAS

2009-10

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

SSN: \_\_\_\_\_

UST ID#: \_\_\_\_\_

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Sections I, through VI 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 reviewed.

## SECTION I – STATEMENT OF ACADEMIC INTEGRITY

**Student Responsibility:** You are responsible for knowing and abiding by all guidelines, deadlines, scholarly requirements, and Federal requirements set forth in the Student Aid Handbook from the U.S. Department of Education ([http://studentaid.ed.gov/students/publications/student\\_guide/index.html](http://studentaid.ed.gov/students/publications/student_guide/index.html)). Ignorance of any particular is not an excuse for failing to follow the Federal guidelines. If you have questions about the meaning of anything presented in the Student Aid Handbook, 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 final and re-appeals will not be accepted for the 2009-2010 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 2009-2010.

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date:

UST #:

Name:

## SECTION II – STUDENT INFORMATION

<b>Academic Details:</b>	
Current CUM GPA:	
How many credit hours have you enrolled in while at UST? Please include all 'W', 'I', and 'IE' grades.	
How many of those credit hours have you passed?	
Assigned Academic Advisor?	
Intended major?	
Degree Objective? (BS, MBA etc.)	
What month and year do you expect to graduate?	
How many hours are remaining to complete degree?	

<b>Classification:</b>	
Freshman	<input type="checkbox"/>
Sophomore	<input type="checkbox"/>
Junior	<input type="checkbox"/>
Senior	<input type="checkbox"/>
5th year Program	<input type="checkbox"/>
Grad 1st yr	<input type="checkbox"/>
Grad 2nd/3rd yr	<input type="checkbox"/>
PhD	<input type="checkbox"/>

## SECTION III – PLAN OF STUDY (TO BE COMPLETED BY ASSIGNED ACADEMIC

**ADVISOR)** The Satisfactory Academic Progress (SAP) Appeals Committee requests the assistance of the student's advisor in assessing an outlined plan of study for 2009 - 2010. The committee recognizes the student's assigned Academic Advisor's expertise regarding the student's degree requirements and the student's capabilities.

<b>Current Term</b>	Fall 2009 <input type="checkbox"/> Spring 2010 <input type="checkbox"/>		<b>Course Repeat</b>
<b>Course No.</b>	<b>Course Title</b>	<b>Please indicate the Degree Requirement</b>	
		<input type="checkbox"/> Core <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective	
		<input type="checkbox"/> Core <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective	
		<input type="checkbox"/> Core <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective	
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		<input type="checkbox"/> Core <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective	
<b>Total Sem. Hours:</b>			

<b>Proposed Next Term</b>	Spring 2010 <input type="checkbox"/> Summer 2010 <input type="checkbox"/> Fall 2010 <input type="checkbox"/>		
<b>Course Title</b>		<b>Please indicate the Degree Requirement</b>	<b>Course Repeat</b>
		<input type="checkbox"/> Core <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective	
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		<input type="checkbox"/> Core <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective	
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		<input type="checkbox"/> Core <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective	

## SECTION IV – ACADEMIC ADVISOR CERTIFICATION

If successfully completed, will the plan of study meet the degree requirements? YES  NO   
Is this plan reasonable in terms of semester hours, student's ability, and class difficulty? YES  NO   
As the student's Academic Advisor, your personal statement regarding the applicant's academic ability is highly valued. Please feel free to email your recommendations and opinions for the Satisfactory Academic Progress Appeals Committee to Dean Scott Moore at [moores@stthom.edu](mailto:moores@stthom.edu). Your statement will remain confidential and shared only with committee members.

ACADEMIC ADVISOR'S NAME (PRINT)

DEPARTMENT:

EXT:

ACADEMIC ADVISOR'S SIGNATURE:

DATE:

## SECTION V – APPEAL DETAILS (TO BE COMPLETED BY STUDENT)

Please answer the following questions as completely as possible and return the form to the Office of Scholarships and Financial Aid within the next ten days. Please type or print legibly. Attach additional pages if needed.

Please select the situational factors contributing to your lack of academic progress most applicable to you:

Occupation situation  Present family obligations   
Unexpected life event  Current health crisis or unexpected illness

Other, Please explain:

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Please explain how these factors have effected your academic performance.

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Outline the specific steps you are taking to ensure future success in attaining your academic goals. If appropriate, emphasize what will be different in your situation to ensure success.

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Date:

UST #:

Name:

## SECTION VI – SUPPORTING DOCUMENTATION (Recommended)

The following list are optional documentation that may provide additional support for your appeal.

<input type="checkbox"/>	Letter of recommendation from your assigned Academic Advisor
<input type="checkbox"/>	Letter of recommendation from a UST Faculty member
<input type="checkbox"/>	Letter of recommendation from UST's Learning & Writing Center
<input type="checkbox"/>	Letter of recommendation from UST's Counseling Services
<input type="checkbox"/>	Letter of recommendation from your Spiritual Advisor
<input type="checkbox"/>	Letter of recommendation from your Physician
<input type="checkbox"/>	Letter of recommendation from your Employer
<input type="checkbox"/>	A journal or receipt of tutorial services

## SECTION VII – OSFA: OFFICIAL USE ONLY

SAP Decision Date:	SAP Appeal Committee:
<b>Decision:</b>	<b>Comments:</b>
Fall 2009 Only	<input type="checkbox"/>
Spring 2010 Only	<input type="checkbox"/>
Denied	<input type="checkbox"/>
Approved	<input type="checkbox"/>
Approved w/ Restrictions	<input type="checkbox"/>

SAP Probation Review Decision Date:	SAP Appeal Committee:
<b>Decision:</b>	<b>Comments:</b>
Fall 2009 Only	<input type="checkbox"/>
Spring 2010 Only	<input type="checkbox"/>
Denied	<input type="checkbox"/>
Approved	<input type="checkbox"/>
Approved w/ Restrictions	<input type="checkbox"/>