

**FINANCIAL AID SATISFACTORY ACADEMIC
PROGRESS (SAP) APPEAL**

UConn Health Center
Student Financial Aid Services
263 Farmington Avenue
Farmington, CT 06030

PURPOSE: If your failure to meet the SAP standards was caused by an extreme hardship or an unusual or special circumstance, you may be eligible for re-evaluation of your financial aid eligibility. Financial aid awards are based upon funding availability at the time your appeal is reviewed.

Email Completed Form To:
sfada@uchc.edu

INSTRUCTIONS: Submit the completed form, with a written summary describing your circumstances, and have your faculty member or advisor complete Section 3.

Phone: (860) 679-3574
Fax: (860) 679-1902
Website: <https://health.uconn.edu/student-services/financial-aid/>

Spring (May 2018)
Summer (August-September 2018)
Fall (December 2018)

SECTION 1: Student Information		
Last Name	First Name	MI
Student ID	Telephone Number	Cell Phone Number
SECTION 2: Attach a Written Summary Describing Your Circumstances		
Attach a written summary to explain how and why your circumstances led to academic challenges.		
SECTION 3: Faculty Member or Advisor – I hereby attest that the circumstance checked below is true and accurate.		
Have your faculty member or advisor complete the section below:		
<p>Student has not completed all coursework requirements and has received a grade(s) of incomplete. The student is expected to complete the course(s) requirements by _____ (month/year).</p> <p>Student has met with the Academic Advancement Committee (Medical) or Academic Performance Committee (Dental) and has been given an Academic Plan for Success.</p>		
_____ Printed Faculty Member or Advisor Name, Title, and Signature		_____ Date
SECTION 4: Student Signature – I hereby attest that the circumstances described in my appeal are true and accurate.		
_____ Student Signature		_____ Date
SECTION 5: Only to be completed by the faculty member or advisor AFTER student completes the semester on the Academic Plan. Do not complete this section if this is your initial appeal.		
<p>Student has met the requirements described in the Academic Plan for Success.</p> <p>Student has not met the requirements described in the Academic Plan for Success.</p>		
_____ Printed Faculty Member or Advisor Name, Title, and Signature		_____ Date