

FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

263 Farmington Avenue Farmington,
CT 06030

Email Completed Form To:
sfada@uchc.edu

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.

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

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

UConn Health Center
Student Financial Aid Services

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:

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).

Student has met with the Academic Advancement Committee (Medical) or Academic Performance Committee (Dental) and has been given an Academic Plan for Success.

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.

Student has met the requirements described in the Academic Plan for Success.

Student has not met the requirements described in the Academic Plan for Success.

Printed Faculty Member or Advisor Name, Title, and Signature

Date

Revised
July 21, 2020