



UNIVERSITY of ALASKA SOUTHEAST

Financial Aid Office

11066 Auke Lake Way Juneau, AK 99801 • Tel: (907) 796-6255 • Fax: (907) 796-6250 • uas.finaid@alaska.edu

2019-2020 Appeal Instructions

The Satisfactory Academic Progress (SAP) policies are the rules students commit to when they accept financial aid disbursements through the University of Alaska (UA) system. Those students that do not meet these rules are placed on suspension and are ineligible for financial aid disbursements. However, the UA system provides students an opportunity to appeal their financial aid suspension if they can demonstrate unusual circumstances that prevented them from meeting the SAP rules. Unusual circumstances are defined as generally outside the direct control of the student, and are unanticipated or unknown before the financial aid disbursement in question.

Appeal Requirements and Checklist

- Write your personal statement (see categories below for details on what information to include)
- Provide supporting documentation (see categories below for details on what information to include)
- Make an appointment and meet with your Academic Advisor
- Complete the Appeal Form (pages 3 and 4) with your Academic Advisor
- Create an Academic Plan in DegreeWorks with your Academic Advisor
- Complete Financial Awareness Counseling at studentloans.gov and print confirmation page

Any notification regarding this appeal will be sent via email. Once all requirements are received to the Financial Aid Office, please allow at least **10 business days** for an appeal decision.

Appeal Categories with Additional Required Documents

Personal injury or illness

REQUIRED DOCUMENTATION (Please attach):

- Write a statement that explains your extenuating circumstances. Your statement must be detailed and present the facts in chronological order. It must also include, how you overcame your circumstances and how you plan to meet the SAP rules in the future.
- Statement from doctor on letter head, with date and signature, must also include that illness or injury will not affect your ability to complete future classes.
- Copy of hospital bills or records showing dates of illness or injury.

Death/illness of immediate family member

REQUIRED DOCUMENTATION (Please attach):

- Write a statement that explains your extenuating circumstances. Your statement must be detailed and present the facts in chronological order. It must also include, how you overcame your circumstances and how you plan to meet the SAP rules in the future.
 - If illness of immediate family member:
 - Statement from the family member explaining why you were required to care for them for an extended period of time
 - Copy of family member's medical bill or record showing illness or injury
 - If deceased:
- Copy of Death Certificate or obituary, do not submit original or official copy

150% Appeal - Exceeded the maximum number of attempted hours allowed

REQUIRED DOCUMENTATION (Please attach):

- Write a statement that explains why you were unable to complete your degree in a timely manner and/or the benefits of a second degree for your career.

Other Unusual Circumstances

REQUIRED DOCUMENTATION (Please attach):

- Write a statement that explains your extenuating circumstances. Your statement must be detailed and present the facts in chronological order. It must also include, how you overcame your circumstances and how you plan to meet the SAP rules in the future.
- Any supporting documentation that you have noted in your personal statement that would support your personal statement.



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2019-2020 Appeal Form

Please review the included instructions prior to completing this form.

Student Name: _____ ID#: _____ Date: _____

Advisor Name: _____ Department of Advisor: _____

Reason for Not Making Satisfactory Academic Progress (check all that apply)

- I have not maintained a 67% cumulative completion ratio.
- I have not maintained a cumulative GPA of 2.0 for Undergraduate or 3.0 for Graduate students.
- I have attempted more than the maximum number of credits required for my degree (150% Rule).
- I did not meet the conditions of my probation after having an appeal previously approved.

Semester for which you are appealing: Fall Spring Summer Year _____

Intended semester of graduation: Fall Spring Summer Year _____

To be completed by Academic Advisor: please use SHATERM or review academic transcripts

Total Credits		
School	Attempted (CA)	Earned (CE)
UAS (US)		
UAA (UA)		
UAF (UF)		
Prince William Sound (UV)		
Transfer		
Total		

Total Grade Point Average	
School	Cumulative GPA
UAS	
UAA	
UAF	
UV- Prince William Sound	
Prior Semester Grade Point Average*	

*Please write N/A if this is student's first semester at UAS

Completion Ratio (minimum is 67%)

Cumulative Completion Ratio: _____ = CE/CA

Number of credits student must pass in order to earn a 67% cumulative completion ratio: _____ = 2(CA) - 3(CE)

Number of semesters based on (circle one) **Full Time** $\frac{3}{4}$ Time **Half Time** enrollment the student must be on an academic plan in order to complete the required number of credits: _____

150% Rule (Only for students with credits beyond their degree)

Number of credits required for current degree program: _____

Number of credits the student has left to complete the program (including prerequisites and remedial): _____

Number of semesters the student must be on an academic plan in order to complete the required number of credits: _____



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Referrals for Student *To be completed with your advisor.*

- Limit outside job/activities to _____ hours per week
- Tutoring: _____ Subject area(s): _____
- Personal counseling: _____
- Student success course: _____
- Utilize professor's office hours: _____
- Disability Support Services: _____
- Other (please explain): _____

Academic Advisor Statement

The Academic Advisor may provide comments or share their support of your appeal. They may also express their concerns with your success plan. Your Advisor may provide this information confidentially to the Appeals Committee.

I certify that all information provided is true and accurate to the best of my knowledge. I understand that submitting this appeal does not guarantee the reinstatement of my financial aid eligibility and that I am still responsible for any accrued debts, including any late fees, that may have incurred during the review process. You will be informed of your appeal decision in writing via your **preferred email address**. Please allow at least 10 days for review.

Student's Signature _____ Date _____

I, _____ (Academic Advisor), have reviewed this student's appeal for reinstatement of financial aid eligibility and have identified coursework applicable to their current degree program and collaboratively created a Degree Plan which is documented in the "Plans" tab in DegreeWorks. I have ensured that the Degree Plan lists their required courses for at least the next 3 semesters, unless the student is completing their degree in less time. Additionally, I have encouraged the student to utilize available UA resources and to make informed decisions that best serve the student's educational, personal, and career goals.

Academic Advisor's Signature _____ Date _____

Please e-mail me the appeal decision at the following e-mail address: _____