

Student Name: _____

Roosevelt ID: _____

The U.S. Department of Education requires all students awarded federal student aid to meet the requirements of Satisfactory Academic Progress (SAP) as defined by the federal government: (1) complete a minimum of 67% of the courses you attempt and, (2) have a minimum cumulative 2.0 GPA. Course outcomes are reviewed every semester. You may submit this appeal to request consideration of extenuating circumstances that affected your requirement to meet the satisfactory academic progress requirements. Both requirements must be met every enrolled semester. You are responsible for the payment of institutional charges due to Roosevelt University by the published due dates.

My Roosevelt University Academic Advisor is _____**Appeal term:** Fall or Fall/Spring (before Oct 31st) Spring (before Mar 31st) Summer (before Jun 30th)

I understand that:

- There are two components to Satisfactory Academic Progress:
 1. The quantitative measure. This measures the attempted hours versus the hours completed. All RU students **must complete 67% of their attempted hours**. I's, IP's, W's, and F's do not count as credit.
 2. The qualitative measure. This measure assesses my academic performance in the courses that have been completed. I am required to maintain a **2.0 Roosevelt University GPA** at all times.
- It is my responsibility to review the Satisfactory Academic Progress Policy, which is available online at www.roosevelt.edu/FinancialAid/Policies/SAP.
- I must submit all supporting documentation (e.g. a doctor's statement and/or letter from my employer) with this appeal. Additional information/documentation may be needed.
- The reason for failure to maintain Satisfactory Academic Progress standards must be clearly beyond my control. The following examples may warrant consideration:
 1. Major disruption of family life, such as divorce, death or serious illness in the immediate family.
 2. My own serious illness or medical complications.
- I will be notified in writing within 5-7 days about the outcome of my appeal.

A statement is required to explain the reason you did not meet the Satisfactory Academic Progress requirements. Include in your statement your plan to successfully complete the courses in your next enrolled semester. All documents submitted must have student name and RU ID.

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to verify the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and, I may be reported to the Office of the Inspector General and/or subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

PHYSICAL SIGNATURE – DO NOT TYPE

Student Signature_____
DateSubmit this worksheet in person to FAS-1M16/Wabash Bldg, by email to fas@roosevelt.edu, or by fax to **(312) 341-3545**

Student Name: _____ Roosevelt ID: _____

Student Statement: (attach additional pages, if needed)

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