



Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

DIVISION OF STUDENT AFFAIRS
OFFICE OF FINANCIAL AID

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Satisfactory Academic Progress (SAP) Appeal Form

Please complete all steps outlined on this form to appeal your financial aid ineligibility. Failure to submit documentation and follow instructions will result in a denial or a delay in the decision of your appeal.

Step 1: Student Information

Name _____ Student ID# _____
Local Address _____ City _____ State _____ Zip _____
Primary Phone # _____ FAMU E-mail Address _____

Please check the term for which you are submitting an appeal.

Semester/Year: Fall _____ Spring _____ Summer _____

Deadlines: Fall Semester: August 15

Spring Semester: January 15

Summer Semester: May 15

Step 2: Reason for Financial Aid Suspension

Please check all that apply. I am completing an appeal by answering all of the questions on this form in detail, and I am including supporting documentation for reinstatement of financial aid. I would like to appeal my financial aid suspension because:

_____ I currently have a cumulative grade point average (GPA) below the minimum standards
_____ I have failed to meet the required 67 percent course completion date

Step 3: Appeal Information

Financial aid ineligibility can be appealed if you have suffered undue hardship. In order for an appeal to be considered, your circumstances must meet at least one of the criteria in the chart below. Please indicate below which situation(s) best applies to the academic difficulty you experienced. In addition, **ALL appeals must be submitted with a personal statement and supporting documentation. Appeals submitted without the required documents will be denied.**

Examples of acceptable documentation are listed in the following chart. The documentation should be attached to the appeal at the time the appeal is submitted.

Circumstance(s) that Apply	Required Documentation (must include dates)
Severe illness, medical condition or injury	Signed and dated letter from physician on office letterhead; legible copy of accident report
Death of a family member	Death certificate and/or dated obituary from newspaper

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Traumatic life-altering event such as fire, hurricane, etc.	Evidence of event such as insurance claim or FEMA application
Military Assignment or reassignment	A Statement of Service signed by, or by direction of, the adjutant, personnel officer, or commander of your unit or higher headquarters which shows your date of entry on your current active duty period and the duration of time.
Other circumstance beyond the control of the student (Must explain in detail the nature and dates of the unexpected circumstance)	Appropriate documentation which will verify situation

Complete **all** questions and elements below. Please attach additional pages if necessary.

1 Provide a personal statement explaining the circumstances that prevented you from maintaining SAP and the reasons for the basis of this appeal. You need to answer: (A) What was the problem? (B) When did the problem occur? (C) How long did the problem last? (D) How did this affect your academic performance? and, (E) What steps were taken to ensure that the minimum standards will be met in the future. Be as detailed as possible.

2. List the documents below that you have attached to support your appeal for reinstatement. Please explain how each relates to or supports the circumstance(s) discussed in question #1.

Step 4: Academic Plan

In order for an appeal to be considered, students must meet with an academic advisor to (1) ensure they are able to mathematically meet the Satisfactory Academic Progress standards at the end of the next regular semester and (2) to complete an Academic Plan Form that will provide the student with an academic plan which places them back on track to meeting SAP at the end of a stated period of time. The student should report to his academic college to have the Academic Plan Form completed prior to submitting the appeal form to the Office of Financial Aid.

Step 5: Checklist of Completion - Please initial the following to verify you have completed all steps prior to submitting your appeal.

- _____ I have read and understand FAMU's SAP Policy which can be found at www.famu.edu/financialaid
- _____ I have completed the appeal form in its entirety.
- _____ I have submitted a personal statement answering all questions listed above.
- _____ I have submitted documentation to support my appeal has been attached.
- _____ I have met with an academic advisor where all required sections of the Academic Plan Form were completed. **(If any changes are made to the enrollment schedule, a NEW Academic Plan is required).** [Revised Academic Plans are due seven \(7\) days from the enrollment date.](#)

Certification of Information

By signing below I certify and understand the following:

- The information I have provided is true and complete to the best of my knowledge. Furthermore, I realize that additional information may be requested by the Office of Financial Aid to further support my appeal.
- The maximum number of appeals any student may have granted during the total of all their enrollment **periods** at FAMU is two (2).
- Once a final decision has been reached regarding my appeal for financial aid, I will be sent notification electronically or by mail. Therefore, it is my responsibility to check my FAMU iRattler account frequently during this period.
- If I am granted an appeal approval, I will be placed in a financial aid probation status and must meet the SAP standards at the end of the payment period/term or meet the standards outlined in my Academic Plan. If I fail to meet the requirements, my eligibility for financial aid will be suspended.
- If I am ineligible for financial aid, I am responsible for all charges on my student account.

Student's Signature: _____ Date: _____

Office Use Only

Date Received _____ Approved _____ Denied _____ Additional info needed _____

Comments: _____

_____ Initials: _____

Rev 5/17

FAMU IS AN EQUAL OPPORTUNITY/EQUAL ACCESS UNIVERSITY



FLORIDA A&M UNIVERSITY
ACADEMIC PLAN FORM
2024-2025 ACADEMIC YEAR

TO BE COMPLETED BY ACADEMIC ADVISOR ONLY

Student Name _____ Student ID _____

Major _____ Expected Graduation Date _____

Students not meeting the minimum standard for Satisfactory Academic Progress (SAP) are required to meet with their academic advisor to devise an academic plan of study that will enable a student to meet the minimum standards for SAP.

The conditions of this academic plan require the following (*please initial each line*).

_____ You must earn a **grade of C or better** in each course.

_____ You may only enroll in the **courses specified in the academic plan**—no exceptions are permitted.

_____ If you are unable to enroll in any of the listed courses, you must **immediately notify your academic advisor** to discuss appropriate alternatives and request a revised academic plan. Revised academic plans are due seven (7) days from the enrollment date.

_____ Please be advised that failure to comply with the conditions outlined in the academic plan will result in immediate termination of the plan.

Please refer to the Satisfactory Academic Progress Policy found at the Office of financial aid webpage:
<http://www.famu.edu/Financialaid>.

Course Requirements: TO BE COMPLETED BY ACADEMIC ADVISOR ONLY

You must enroll only in courses that are necessary to complete the requirements of your identified degree program. Any modifications to this coursework will require approval from your Advisor and the submission of a new Academic Plan form.

Academic Plan Semester 1

Academic Plan Semester 2

Term: _____ Year: _____

Term: _____ Year: _____

Course Prefix	Course Number	Credit Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Course Prefix	Course Number	Credit Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Name _____ Student ID _____

Term of Plan _____

University Transcript Information		Financial Aid SAP Information (based on the last term of the academic plan)	
Cumulative GPA	_____	SAP Cumulative GPA	_____
Total Hours Attempted	_____	SAP Total Hours Attempted	_____
Total Hours Earned	_____	SAP Total Hours Earned	_____
Total Hours Remaining	_____	SAP Percent (%) Completed	_____

Minimum Credit and GPA Requirements: TO BE COMPLETED BY ACADEMIC ADVISOR ONLY

Record the minimum credit and GPA requirements that must be completed each semester to assist in meeting Academic Standing requirements and/or SAP standards for financial aid reinstatement. (PLEASE USE THE ACADEMIC PLAN WORKSHEET AS A GUIDE)

	Semester 1	Semester 2
Term and Year (e.g., Fall 2024, Spring 2025, etc.):		
Minimum number of semesters credits the student must successfully complete:		
Minimum semester GPA the student must successfully attain:		
Projected Cumulative GPA after each semester:		
Projected Completion Rate after each semester:		

For Students on SAP: Is it mathematically possible for the student to meet SAP by the end of this academic year (Fall and Spring only)?

___ Yes The student can meet the SAP requirements by the end of this academic year.

If the student cannot meet SAP by the end of this academic year, please identify the projected term and year the student will meet the SAP requirements (e.g., Fall 2024, Spring 2025, etc.). Please attach an Academic Plan for the additional semester(s) as needed.

___ No, the student will need extended time to meet SAP standards.

Projected End Date of Academic Plan:

Term: _____ **Year:** _____

Advisor Printed Name

Advisor Signature

Date

By signing below, you confirm that you have met with an academic advisor and agreed to the assigned courses for the specified term. You also acknowledge and accept all conditions outlined in the academic plan. **If any changes are made to your enrollment schedule, a NEW Academic Plan must be completed.**

Student Name _____ **Student ID** _____

Term(s) of the Academic Plan _____

Academic Progress Acknowledgement Form

I, _____ (please print), acknowledge that I have read and understand the following requirements:

(Initial next to each requirement to acknowledge that you have read and understand each one)

1. _____ I must maintain good academic standing according to the University's Academic Standing Policy.
2. _____ I must complete my degree within the maximum time frame allowed (this is 150% of the credits required to graduate from my program).
3. _____ I must successfully complete 67% of all credits attempted cumulatively.
4. _____ I must maintain a minimum 2.0 cumulative grade point average for undergraduate work or 3.0 cumulative grade point average for graduate work.
5. _____ I will adhere to the stipulations outlined in my academic plan. I understand that if I fail to meet any of these requirements that I will be placed on academic probation, academic suspension and/or will not be making Satisfactory Academic Progress.

Student Printed Name

Student Signature

Date

Advisor Certification Statement: *Please check one statement below.*

I certify that I have met with this student and agree that this plan will enable the student to meet the University's Satisfactory Academic Progress (SAP) guidelines.

Advisor Printed Name

Advisor Signature

Date

Advisor Phone Number

Advisor Email Address

**ADVISOR AND STUDENT:
PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.**

SAP Appeals Committee Only: Academic Plan Approved _____ Academic Plan Denied _____ Date _____

Notes/Comments: