

UNIVERSITY OF DELAWARE

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

You must complete and return this form if you wish to request an exception to the University's policy on Satisfactory Academic Progress. **The appeal form, along with all supporting documentation, must be received in the Office of Scholarships and Financial Aid, Newark, DE 19716-6390 prior to the second week of classes in the semester for which you are requesting reinstatement.**

NAME _____ Student ID Number _____

CURRENT MAILING ADDRESS _____

BASIS FOR APPEAL - Please check the circumstance(s) which prevented you from making satisfactory academic progress. Use the space provided under Question #1 to include any additional information you would like the Committee to consider.

_____ **Illness or Injury.** You (the student) or an immediate family member were injured or ill for an extended period of time. Please attach a copy of a statement from the physician and provide the following information:

Nature of Illness/Injury _____

Date(s) of Illness/Injury _____

Name of Physician _____

_____ **Death in the Immediate Family.** Please attach a photocopy of the death certificate, or death announcement listing surviving family members, and complete the following information:

Name of Deceased _____

Date of Death _____

Relationship to You _____

_____ **Other Extenuating Circumstances.** You (the student) experience some unusual Situation not listed above. Please complete the questions on the back of this page. Attach additional pages if necessary.

1. Explain the extenuating circumstances and how it prevented you from making satisfactory academic progress. If your Satisfactory Academic Progress problem developed over the course of several semesters, you must explain the circumstances of each semester.

2. Please explain what you have done to resolve the problem(s) that prevented you from making satisfactory progress. Be very specific. The Appeals Committee must have sufficient reason to believe that you will be able to make satisfactory progress in the future.

For Office Use Only

Cumulative GPA _____

Appeal Approved _____

Credits Attempted _____

Appeal Denied _____

% Completed _____

Add'l Info Requested _____

Previous Appeal _____

Date _____