



**STUDENT FINANCIAL SERVICES  
SATISFACTORY ACADEMIC PROGRESS  
(SAP) PETITION**

**Student Name:** \_\_\_\_\_ **Banner ID:** B00 \_\_\_\_\_

**Academic Year:** 20\_\_\_\_ - 20\_\_\_\_ **Term:** \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer

**Requirement(s) not met:**

\_\_\_ Cumulative GPA \_\_\_ Percent Hours Attempted/Earned \_\_\_ Completion of Program

**TO BE COMPLETED BY STUDENT ACADEMIC PLANNER (STUDENT CENTRAL)**

**Academic Planner's Name:** \_\_\_\_\_ **Expected Graduation Date:** \_\_\_\_\_

**Has the student been provided with advising regarding the successful completion of degree requirements?** \_\_\_ Yes \_\_\_ No

**Please describe your recommendations to the student in regards to academic improvement:**  
(This information will be used by SFS to determine how soon the student may meet the minimum SAP requirements.)

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**Course schedule for the upcoming semester:**

Course Title	CRN	Course Prefix & Number	Credits	Minimum Grade

**Academic Planner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY STUDENT**

**Student Name:** \_\_\_\_\_

**Banner ID:** B00\_\_\_\_\_

**Explanation of unusual circumstances (attach additional pages, if necessary):**

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**Explanation of corrective actions/steps to prevent future problems:**

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I request that my status be reconsidered due to an extenuating circumstance which caused me to fail to meet Student Financial Service’s SAP. If at any time I feel that I am in danger of not completing the requirements of the included academic plan, I agree to contact Student Central to discuss my situation and options.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TO BE COMPLETED BY STUDENT FINANCIAL SERVICES**

**Reviewed by:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Comments:** \_\_\_\_\_

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**Decision:**    \_\_\_ Approved        \_\_\_ Denied