

Satisfactory Academic Progress Appeal: School of Dentistry

Purpose: Used by School of Dentistry students who wish to appeal their failure to maintain Satisfactory Academic Progress (SAP) for financial aid eligibility.

Student Instructions:

Name and title (please print)
Signature of Dean/Designee

- 1. Complete Sections 1 & 2 of this form using a computer.
 - a. A handwritten form will not be accepted.
 - b. An incomplete form will not be processed and returned to you for completion.
- 2. Print the form using the 'Print Form' button.
- 3. Type answers to the questions in Section 3 in a separate document.
- 4. Sign the form in Section 4; a digital signature is **not** acceptable.
- 5. Submit the signed appeal form, the document from Section 3 and any supporting documentation to the School of Dentistry by the deadline in the notification you received.

School of Dentistry Instructions:

- 1. Make a determination in Section 5 and then notify student.
- 2. Return the completed and signed appeal form, the Academic Plan spreadsheet, the student's document from Section 3 and any supporting documentation provided by the student to the Office of the Registrar via ImageNow.

Sectio	n 1: Student Information				
Name				MUID	
	Last	First	Middle		
Email					@marquette.edu
Phone					
Sectio	n 2: Appeal Term				
Iv	vish to appeal my SAP decision for	Fall Spring	Summer Year		
	n 3: Type your answers to the sour answers to correspond with the que		eparate document and subm	nit it with this form.	
	ate the type(s) of extenuating circumstic in nature. Please check all that app		being academically successful duri	ing the term indicated above. Exter	nuating circumstances must be no
	Diagnosed medical condition(s)	Family circumstances	Interpersonal problems	Death of a loved one	
	Military Service	Loss of residence	Legal Issues	Work-related issue(s)	
	Other (please describe)				
circums	ide a brief summary of the extenuating tances are sensitive in nature, you are tances (e.g., Title IX, MUPD, etc.), you	not required to disclose those	details. If you are receiving suppor	t from an office or program at Marqı	
strategi commit	t measures within your control have you es you will utilize that will allow you to l ment to spend a set number of hours p ments; changing living situations, etc.	be academically successful. Be	specific and provide justification fo	or each strategy. Strategies might b	pe academic in nature such as a
l hereby bound b	n 4: Student Statement/Signatu v request reinstatement of my financial by the credit/GPA conditions applied to ons contained therein; or, I will again b	aid eligibility. I understand that me in the School of Dentistry's	academic plan that was created sp	• •	
Student	's Signature			Date	
	n 5: Academic Dean/Designee on the evaluation of the above appeal a	and the student's academic reco	ord, I (check one)		
	Recommend SAP reinstatement	Do not recomme	nd SAP reinstatement		
In additi	ion, attached is the Office of Student F	inancial Aid Academic Plan spro	eadsheet outlining the conditions/re	estrictions of this reinstatement for t	he above named student.

Date