Satisfactory Academic Progress
Timeframe Review Form

Date: ______________________________________ UIN: 81 __ __ __ __ __

Last Name: _________________________________ First Name: _________________________________

The student named above has exceeded the maximum timeframe to earn their degree using financial aid funding and has requested a review of his/her account. In order to fulfill the student’s request we must collect information from the Academic Advisor. Please provide the information stated below.

Anticipated Graduation Date: ______________

Does the student’s program require more than 120 hours to graduate: YES or NO

If you answered yes to the question above how many hours does this particular program require: ______________

Please complete this form by listing all the required courses the student still needs to graduate. Please list these courses in order by the term they will be enrolling in the course.

<table>
<thead>
<tr>
<th>Prefix / Course Number</th>
<th>Course Title</th>
<th># of Credits</th>
<th>Term</th>
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You may include additional pages or attach a previously worked on Academic Plan as long as all requested information is received. You also may send this form by email to hbullock@fgcu.edu.

Academic Advisor’s signature: _________________________________ Extension: _________________________________

FA - Rev. 04/15
Satisfactory Academic Progress Appeal

Date: ____________________________   Reinstatement for term: ________________

Name: ____________________________   UIN: 81____________________

Phone: ____________________________   Anticipated Grad Date: ______________

Written Statement of Extenuating Circumstances

Clearly state the extenuating circumstances which you believe caused you to not meet one or more of the measures of the standard of Satisfactory Progress for Financial Aid recipients. Extenuating circumstances could include illness, death of a family member, emergency, and/or personal tragedy. All circumstances will be evaluated by the committee.

You must also include in your statement how your situation has changed that will now allow you to achieve satisfactory academic progress. Examples: taking less credits per semester, tutoring, seeking services from Center for Academic Achievement, etc.

If your financial aid has been cancelled for reaching/exceeding the 180 attempted hour limit (150% rule) you must attach a completed SAP Timeframe Review Form which needs to be signed by your advisor. This form can be found on the Online Forms page of our website: http://www.fgcu.edu/AS/FinancialAid/Files/APPEAL.pdf.

Attach documents validating the extenuating circumstances

Documentation may include:

- A written statement from a medical or mental health professional, your academic advisor, or a credible professional, such as a member of the clergy or other college or university official, of the impact of an illness/emergency on your academic performance. Please make sure dates are included. Letters from the professional community must be on letterhead.
- A copy of a bill for services rendered by a medical or mental health professional.
- An objective report of an occurrence such as police report, divorce documents, obituary, insurance damage reports for natural disasters, bill for services related to an emergency, etc.

Submission deadlines

<table>
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<tr>
<th>Term</th>
<th>Deadline</th>
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<tr>
<td>Summer 2015</td>
<td>July 1, 2015</td>
</tr>
<tr>
<td>Fall 2015</td>
<td>November 1, 2015</td>
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<tr>
<td>Spring 2016</td>
<td>April 1, 2016</td>
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Review timeframe

All petitions will be reviewed within 20 working days of the date this form is submitted. You will be sent written notification via eagle e-mail of the results of our review. If you disagree with the committee’s decision you may request further review only if additional documentation is submitted. Failure to provide adequate information or documentation will result in denial or delay of petition.
Statement of Extenuating Circumstances *(Please attach additional pages if necessary)*:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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What has changed in your situation that will allow you to make satisfactory progress at the next evaluation:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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__________________________________________________________________________________________

Student Signature ____________________________ Date ______________

NOTE: The Satisfactory Academic Progress (SAP) regulations and process information can be found at http://www.fgcu.edu/FinancialAid

FOR FINANCIAL AID OFFICE USE ONLY

Grad or UG_______ GPA_______ Completion Rate _________ Past probation/susp._______ Title IV owed_______

Total credits attempted ________

*Suggested Academic Plan:*

Committee Member’s Signatures:

__________________________________________________________________________________________

__________________________________________________________________________________________

Petition Received: __________

Committee Met: ___________

Approved_______ Denied_______

Letter Sent: _______________