



Satisfactory Academic Progress Appeal Form

Student's Name _____ BUID # _____

Email Address _____

- Please submit the completed two-part SAP Appeal Form to the Graduate School of Arts & Sciences via email to grsaid@bu.edu
- Please carefully read all instructions. **Your appeal will not be considered until both Parts 1 and 2 are submitted and all signatures are present.**
- GRS' Satisfactory Academic Progress policy concerning financial aid can be found on the following websites.
 - Master's students: <https://www.bu.edu/cas/current-students/ma-and-ms-students/financial-aid/sap/>
 - PhD students: <https://www.bu.edu/cas/current-students/phd-mfa-students/financial-aid/sap/>
- If you have any additional restrictions preventing your registration, you may submit an SAP Appeal, but your appeal will not be considered until the other restrictions have been resolved. Restrictions might include but are not limited to: having an approved Petition for an Extension on file, having outstanding charges on your account, or being out of University compliance.

Part 1: Student's Letter of Appeal

A student has the right to appeal the loss of financial aid eligibility if mitigating circumstances (events totally beyond the student's control) occurred during the preceding payment period/semester. Include a letter (and any supporting documentation) with this form explaining the mitigating circumstance/s that are the reason for your appeal. Letters should be typed, must be signed, and not more than two pages. Letters that do not sufficiently address the required points may result in your appeal being put on hold or denied. Please see the webpages listed above for further information.

Please provide a detailed account of:

- What mitigating circumstance/s occurred that caused you to fall below SAP requirements? Think carefully and be specific.
- How have those circumstances been addressed or resolved?
- How do you intend to maintain good academic standards and progress toward your program of study if your appeal is granted?



SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Student's Name _____ BU ID # _____

Part 2: Academic Plan

Student: Please meet with your academic advisor to determine a semester-by-semester academic plan. Your advisor must complete this section of the form and sign to indicate their approval of the plan. **If your appeal is approved, you will be expected to meet the goals set for each semester. We encourage you and your academic advisor to be realistic when planning the number of credits you will complete each semester, as failure to meet goals established here may result in ineligibility for future financial aid.**

Degree Program _____ Anticipated Graduation Date (MM/YY) _____

Schedule for remaining course work: Please specify the number of credits the student should attempt to complete each semester until expected graduation, starting with the current semester. If the plan does not fit, please attach an additional page.

- Credit ranges cannot be accepted; if the student's academic plan requires future adjustment, a new appeal may be submitted for consideration.
- Students who enroll less than half-time for any given semester, unless the enrollment includes a qualifying full-time exception course such as a thesis or dissertation, will be ineligible for financial aid for that semester.

Semester/Year								
Total Semester Credits								
Proposed courses (please list course numbers)								

Advisor's Comments (as needed)

By signing here, I certify that the course plan outlined above should lead to completion of the degree objective. In addition, I certify that in my professional opinion the student is currently capable of successfully completing the course plan indicated above.

Advisor's signature _____ Date _____

Advisor's name _____ Advisor's email _____