

## **OFFICE OF FINANCIAL AID**

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Secure File Drop: https://sendfiles.uttc.edu/filedrop/FinancialAid

## SAP (Satisfactory Academic Progress) Appeal for Financial Aid Reinstatement

Name:		Student 1D#:					
<b>Current Address</b>	::		City	Stat	eZip		
Phone:		_					
The term in which	ch you wish to return:	Fall	Spring	Summer	YEAR:		
Please check whi	ch reason/s why you are	e appealing	g your financia	l aid:			
Failure to succes	ssfully obtain a minimum ssfully obtain a minimum 150% or more of the requ	2.0 GPA a	nd/or earn at lea	ast 67% of cred	lits attempted	for career (Pace)	
Answer the ques	stions on a separate shee	et of paper.	. Be specific an	d provide doc	umentation if	f necessary.	
1) What circum	nstance prevented you fro	m meeting	SAP standards?	)			
2) What have y progress in f	ou done or what changes outure terms?	have occur	rred so that the o	vircumstances of	described will	not hinder your	
Attach the follow	ving documentation to th	nis form an	d return to the	Financial Aic	l office.		
<ul><li>Supporting</li></ul>	n letter answering two que documentation to suppor Plan from your Advisor (i	t your expla	anation.				
understand that th	y under penalty of perjurners appeal will not be review turned in by the posted de	ewed until s	supporting docu	mentation is re-	ceived or if the	e appeal is incomplete.	
Student Signature							
	**************************************		FICE USE ONI	_Y*******	******	******	
	Reason						
Evaluator:			 Date:	<u></u>	AID-YEAI	 R:	