



Satisfactory Academic Progress (SAP) Appeal

The University requires students to be meeting the standards for Satisfactory Academic Progress (SAP). Students who do not meet [Satisfactory Academic Progress \(SAP\) standards](#) are not eligible to receive financial aid. Students with extenuating circumstances that have led to their inability to meet SAP standards, may submit a SAP appeal for consideration.

INSTRUCTIONS:

1. Schedule an appointment with an advisor in the Retention and Student Services Office by calling 401-254-3582 or emailing ucstudentsupport@rwu.edu.
2. Students should prepare for the meeting by completing a SAP Appeal Form and gathering supporting documentation to submit at the meeting.
Fall Semester = July 31th
Spring Semester = January 31st
*Incomplete or late SAP Appeal Forms will not be accepted.
3. Students should bring their completed appeal form (excluding Section D) along with a typed, signed statement and supporting documentation to explain the extenuating circumstances that contributed to not meeting SAP standards. The personal statement should:

Explain why you were not able to meet SAP standards.



SECTION A: Student information (to be completed by the student)

First Name: _____ Last Name: _____ MI: _____

Student ID Number: _____ RWU Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Academic Program: Undergraduate Graduate

SECTION B: Term of SAP Appeal

I am submitting the SAP Appeal Form for the following semester. Check only one box.

Fall 2024

Spring 2025

SECTION C: Student Certification

I certify that all information provided is true and correct to the best of my knowledge. I have read the instructions on the SAP Appeal Form and have attached all required documentation.

_____ I understand that submitting this appeal is not a guarantee approval.

Initial

_____ I understand that I am responsible for all my debts incurred at the University regardless of my academic status.

Initial

Student Printed Name: _____

Student Signature: _____ Date: _____

SECTION D: Academic Plan (to be completed by advisor)

Major: _____ Minor/ Core concentration: _____

Number of credits remaining to complete degree: _____ Projected Graduation Date: _____

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List the course(s) you need to take including number of credits. Indicate whether or not each course is required to complete your degree. Specify the term and year in which you will complete them.

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____			<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____		
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____			<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____		
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