

**SATISFACTORY ACADEMIC PROGRESS APPEAL FORM**

You must complete and make an appointment with the Dean of Students if you wish to request an exception to the University’s policy on Satisfactory Academic Progress. The appeal form requires approval from the Dean of Students. You must make an appointment with Student Life’s Administrative Assistant at 718-409-7496.

The appeal form, along with all supporting documentation must be received by the Office of Financial Aid prior to the second week of classes in the semester for which you are requesting reinstatement.

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

**BASIS FOR APPEAL** – Please check the circumstance(s) and **attach a typed up statement** explaining your extenuating circumstances and how it prevented you from making satisfactory academic progress. Additionally, include how you will meet the satisfactory academic progress moving forward.

- Illness or Injury.** You (the student) or an immediate family member was injured or ill for an extended period of time. Please attach a copy of a statement from the physician and provide the following information:

Nature of Illness/Injury: \_\_\_\_\_

Date(s) of Illness/Injury: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

- Death in the Immediate Family.** Please attach a photocopy of the death certificate, or death announcement listing surviving family members and complete the following information:

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

- Other extenuating Circumstances.** You (the student) experienced some unusual situation not listed above. Attach a detailed typed statement explaining your unusual situation.

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For Office use only:

Previous appeal: \_\_\_\_\_

Appeal approved: \_\_\_\_\_

Appeal Processed: \_\_\_\_\_

Appeal denied: \_\_\_\_\_

Reason for not meeting SAP: \_\_\_\_\_

Date: \_\_\_\_\_