

## Satisfactory Academic Progress Plan (SAPP)

Student Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Student ID#: \_\_\_\_\_ Undergraduate Dean: \_\_\_\_\_  
 Local/Campus Address: \_\_\_\_\_  
 Phone Number: (    ) \_\_\_\_\_ Major(s): \_\_\_\_\_

|                             |                                   |            |
|-----------------------------|-----------------------------------|------------|
| Term you are appealing for  | __ Fall    __ Spring    __ Summer | Year _____ |
| Anticipated graduation term | __ Fall    __ Spring    __ Summer | Year _____ |

This completed form must be submitted to Financial Aid Services along with a letter detailing the circumstances that prevented you from meeting the Satisfactory Academic Progress (SAP) standards. Circumstances that may be considered include; death in the family, accident, illness or other academic performance factors that were beyond your control. Also include what steps you have taken or plan to take to improve your academic performance. Students at UMass Amherst must have a GPA of 2.0 and have earned 120 cumulative credits to complete a degree within 10 terms.

This SAP review covers one term. Target GPA's are guides to bring the cumulative GPA to 2.0 or higher. Target terms are the earned credit total needed to meet the required minimum.

|                        |   |    |    |    |    |    |    |    |     |     |
|------------------------|---|----|----|----|----|----|----|----|-----|-----|
| Terms(total terms)     | 1 | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9   | 10  |
| Minimum earned credits | 5 | 10 | 20 | 30 | 45 | 60 | 75 | 90 | 105 | 120 |

(This scale is for financial aid purposes only. Individual majors, academic scholarships and other aid sources may have more rigorous requirements.)

**This section must be completed by your Academic Dean.**

|                            |  |
|----------------------------|--|
| Target term credits earned |  |
| Target term GPA.           |  |

Optional academic advising notes, suggested courses, etc.

  
  
  
  
  
  
  
  
  
  

**Reason for SAP**

- |  |  |
|--|--|
| <input type="checkbox"/> I believe the plan above will enable the student to regain SAP.<br><br><input type="checkbox"/> I do not believe that the student will be able to regain SAP. | <input type="checkbox"/> Student illness<br><input type="checkbox"/> Death in the family<br><input type="checkbox"/> Special circumstances |
|--|--|

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Certification: I certify that I have read and understand the SAP appeal instructions.  
 I certify that my appeal contains all the required documents and the information I have provided is true and accurate

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

