

Student Financial Services
181 Main Street
Presque Isle ME 04769-2888 USA
WWW.umpi.edu
VOICE (207) 768-9510
FAX (207) 768-9509
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Satisfactory Academic Progress Appeal Form: Undergraduate Students

Use this form if you wish to appeal the finding that you are not meeting the University of Maine at Presque Isle's Satisfactory Academic Progress Policy for financial aid recipients.

<u>Who can appeal</u>: Every student has the right to appeal <u>in writing</u> if you believe that you have <u>significant</u> <u>circumstances</u> beyond your control that have impeded your academic progress. Special circumstances for review may include: medical problems, a death in the family, or other family crisis.

<u>How to appeal</u>: Complete <u>ALL</u> sections and return the completed <u>signed</u> form with accompanying documentation to:

Email to danielle.pelkey@maine.edu,
Fax to (207) 768-9509
Or mail to
Student Financial Services
181 Main Street
Presque Isle, ME 04769

Appeals must be received within 30 days of receiving your Satisfactory Academic Progress status notification and no later than 30 days prior to the end of the semester for which you are applying for aid eligibility.

<u>Documentation</u>: You are required to provide documentation to support your appeal.

- 1. If you are required submit <u>Medical Documentation</u>, the documentation must be on official letterhead and include: the medical professional's name and credentials (MD, NP, PhD, LCSW, etc.), date of diagnosis, and applicable history.
- 2. If you are required to document a **Death in the Family** you must submit a copy of the obituary.
- 3. If your appeal concerns the **maximum time frame to complete your degree** you must submit a detailed plan of study signed by your Professional Advisor.

You may submit an additional appeal letter with your documentation, however your appeal will not be reviewed until this completed appeal form is received.

PLEASE NOTE: Your appeal will be considered incomplete until required documentation has been received.

Section 1: (please print or type)

Last Name	First Name		M.I.	Student ID
Current Mailing Address				
Phone #:		Email:		
Acad. Major(s):		Advisor:		
Cumulative GPA:		Degree hours earned:		
Current grade level:		Anticipated graduation date:		

Section 2 (Please print or type)

Please indicate the significant circumstances that have contributed to your inability to maintain Satisfactory Academic Progress by checking any category that applies to you. You must also follow the instructions for each checked category. At least one of the below categories MUST be completed.
□ Serious illness or injury to student or immediate family member (parent, spouse, sibling, child) that required extended treatment or recovery time. Briefly explain below and provide the required medical documentation (see first page of this form to view guidelines on submitting medical documentation).
☐ Death of an immediate family member. Attach a copy of the obituary and include the name of the deceased and relationship to you below.
☐ Significant event in the student's life that impaired the student's emotional and/or physical health. Provide a letter of explanation including dates and what you have done to overcome this event. Supporting documentation from a third party also must be attached (see first page of this form to view guidelines on submitting medical documentation).
□ Other unexpected documented circumstances beyond the control of the student. Please explain in detail the nature and dates of the unexpected circumstances. Supporting Documentation also must be provided.

Section 3 (Please print or type)

		imstances and your approach so that you may meet the changes and how they address the problems you have had it	n
Please check	any that apply:		
	dditional page(s) attached		
☐ Su	pporting documentation attached		
☐ Si	gned Plan of Study/Degree Completion	n plan attached	
Registrar's (ication regarding your academic standing from the cision, it is a <i>separate appeal process</i> and details will be email or by letter.	
If your appea	l is denied, you will be responsible for	all outstanding University charges.	
Date	Name (print)	Signature	