



5781 Wingate Hall  
Orono, ME 04469-5781  
Tel: 207-581-1324  
umaine.edu/stuaid/upload

## 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’s Satisfactory Academic Progress Policy for financial aid recipients.

**Who can appeal:** Every student has the right to appeal in writing if you believe that you have significant circumstances 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.

**How to appeal:** Complete ALL sections and return the completed signed form with accompanying documentation to:

Secure upload at [umaine.edu/stuaid/upload](http://umaine.edu/stuaid/upload)

Or mail to

**Office of Student Financial Aid  
5781 Wingate Hall  
University of Maine  
Orono, ME 04469-5781**

**Appeals must be received within 52' c{ uof receiving your SAP status notification and no later than 30 days prior to the end of the semester for which you are applying for aid eligibility.**

**Documentation:** You are required to provide documentation to support your appeal.

1. If you are required submit **Medical Documentation**, the documentation must be on official letterhead and include: Diagnosis/Date of Diagnosis, Date of Onset of Condition, Pertinent History, Functional Limitations, Treatment Recommendations and Prognosis, Credentials (ex: MD, DO, LCSW, PA, NP, Psychologist)
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 academic advisor or associate dean.

**\*\*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)

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*Last Name* *First Name* *M.I.* *Student ID*

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*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).

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**Death of an immediate family member.** Attach a copy of the obituary and include the name of the deceased and relationship to you below.

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**Significant trauma in student's life that impaired the student's emotional and/physical health.** Provide a detailed explanation regarding the specific circumstances of your condition. Please be sure to include dates and what you have done to overcome the condition below. Supporting documentation from a third party also must be attached (see first page of this form to view guidelines on submitting medical documentation).

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**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.

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