SAINT JOSEPH’S UNIVERSITY
College of Professional and Liberal Studies
SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

This form is used when a CPLS student wishes to appeal his/her academic dismissal and/or failure to maintain Satisfactory Academic Progress (SAP) for financial aid eligibility.

STUDENTS:
1. Complete Sections 1, 2, and 3 of this form using your computer. An incomplete form will not be reviewed.
2. Schedule an in-person advising appointment with your assigned CPLS academic advisor. (Note: Phone appointments will only be made for students enrolled in online degree completion programs.) Call 610-660-1467 to schedule an appointment.
3. Bring this form with you to your advising appointment. Sections 4 and 5 will be completed in consultation with your CPLS academic advisor.

SECTION 1: Student Information

<table>
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<tr>
<th>First Name:</th>
<th>Last Name:</th>
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<table>
<thead>
<tr>
<th>Student ID#:</th>
<th>Major:</th>
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SECTION 2: Academic Dismissal and/or SAP

Check one:

- [ ] I wish to appeal my academic dismissal decision for Term _________________ Year ____________

- [ ] I wish to appeal my SAP decision for Term _________________ Year ____________

SECTION 3: Self-Reflection

What areas or circumstances have made academic success difficult for you? Indicate all that are appropriate.

- [ ] wrong major
- [ ] course load too heavy
- [ ] not prepared for college
- [ ] personal injury/illness
- [ ] financial difficulty
- [ ] too many other commitments
- [ ] family issues/difficulties
- [ ] relationship issues
- [ ] alcohol and/or drug issues
- [ ] social distractions
- [ ] anxiety
- [ ] adjusting to college
- [ ] death of a relative
- [ ] poor study skills
- [ ] poor time management
- [ ] conflict with professor
- [ ] unaware of support services
- [ ] poor advising
- [ ] lack of good tutors
- [ ] low motivation
- [ ] troubles keeping up with homework
- [ ] unprepared for classes
- [ ] unsure about how to study
- [ ] poor performance on tests
- [ ] undecided about future
- [ ] Other

In what areas do you think you need assistance? Indicate all that are appropriate.

- [ ] study skills
- [ ] choosing a major
- [ ] math skills
- [ ] time management
SECTION 4: CPLS Academic Plan
If given the opportunity to attend future terms to improve my academic performance and become a successful student, I will utilize the following strategies as part of my CPLS Academic Plan:

☐ Attend all scheduled classes regularly and complete all of the course work.
☐ Review and understand the University policies which affect me, such as withdrawal options and deadlines, and commit to do everything I can to improve my academic performance.
☐ Restrict my course load to 6 credits during fall, spring and summer terms.
☐ Change of major to __________________________, which may be a better fit for my educational and/or career goals.
☐ Seek tutoring in those courses where I am academically-challenged.
☐ Join a study group or seek a study buddy in those courses where I am academically-challenged.
☐ If I plan to drop or withdraw from a class, contact my PLS academic advisor to discuss and understand academic and financial implications.
☐ Improve my GPA to the minimum acceptable standard as described in the college catalog in order to achieve good academic standing.
☐ Enroll in INT 101 Seminar in Learning Strategies.
☐ Make an appointment with Carolyn Zaccagni, Learning Skills Specialist.
☐ Make an appointment at the Counseling Center, which provides professional mental health, outreach, and educational services.
☐ Make an appointment at the Career Services Center.

SECTION 5: Student Statement/Signature
I am personally responsible for my academic recovery. I understand that if I choose not to fulfill this plan, I will significantly reduce my chances for success at Saint Joseph’s University.

I hereby request reinstatement to the University after my academic dismissal, if applicable and/or of my financial aid eligibility (SAP). I understand that the College of Professional and Liberal studies has the final decision in all academic dismissal and/or SAP appeals. I also understand and agree that I am bound by any conditions applied to me by CPLS (academic plan) as part of this reinstatement and that I must comply with all of the conditions and restrictions contained therein; or, I will again become subject to academic dismissal and/or be ineligible for financial aid (SAP).

Student’s Signature ___________________________________________  Date ______________

SECTION 6: Academic Dean/Designee
1. Based on the review of this appeal request, the student’s academic record, and the CPLS Academic Plan outlined above, I:

* Recommend reinstatement for: ☐ Academic Performance ☐ SAP
* Do not recommend reinstatement for: ☐ Academic Performance ☐ SAP

CPLS Academic Dean/Designee __________________________________________  Date ______________

FOR OFFICE USE ONLY:
Copy of form sent to Office of Financial Assistance by __________________________ on ______________________.