

Office of Student Financial Aid (OSFA) - Mike Loya Academic Services Building, Room 204 500 W. University Avenue El Paso, Texas 79968 PH: (915)747-5204; FAX (915)747-5631

2023-2024 Satisfactory Academic Progress (SAP) Appeal Form

STUDENT NAME (LAST)_		(FIRST)	(MI)			
DATE:	UTEP EMAIL:	UTEP ID#:				
	The number of appeals you may su Undergraduate students – Three	bmit during your enrollment at UTE e appeals; Graduate students – Two				
Check the semester for wh	ich you are submitting your appeal:	Sum	mer 2024			
Check your enrollment level:	Bachelor's Degree	2nd bachelor's degree (Please contact the OSFA)	Master's/Ph.D. (If 2nd or 3rd Master's, contact the OSFA)			
_	s) for your appeal: ade Point Average (GPA): Your GPA is b mpletion Rate: Your cumulative compl		Undergraduate, 3.0 Graduate)			
1. A detailed of COVID-19 ro 2. What steps Step 3: Attach a Student I may assist your appeal. Submit approposificial letters	explanation of the circumstances that elated situation(s). have you already taken or will take to educational Plan (SEP) completed by riate documentation and/or support nead to affirm your circumstan	have prohibited you from meeting SA address the circumstances that prohiban Academic Advisor and the require sing letters. Supporting letters must nce(s) [for example: letter from	bited you from meeting SAP? ed supporting documentation that be signed and submitted on physician or counselor,			
Step 4: Electronically subn	eath certificate, military orders, cour nit your completed Appeal Form, Stu ncialaid@utep.edu with SAP Appeal	dent Educational Plan, personal state	ent]. ement and supporting documentation			
	Incomplete ap	peals will not be reviewed.				
responsible for meeting an understand that if my appe of my approved appeal ma	nat the information on this form and a by payment deadlines while waiting of eal is approved, my academic progres y result in the loss of my financial aid eal process online at www.utep.edu/s	n an appeal decision and approval o f is will be reviewed on a semester bas eligibility. I understand it is my resp	f my appeal is not guaranteed. I sis and any failure to meet the conditions onsibly to review the complete SAP			
STUDENT SIGNATURI	≛:		DATE:			
Allow 7-10 days for pro	cessing. You will be notified via	your UTEP email whether your a	opeal had been approved or denied.			



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Financial Aid Satisfactory Academic Progress - - Student Educational Plan (SEP)

Students whose federal financial aid eligibility has been suspended due to an insufficient Grade Point Average (GPA) and/or insufficient Credit Hour Completion Rate or by exceeding the Maximum Timeframe permitted for graduation of program of study, must submit this form along with their SAP APPEAL FORM.

STUDENT NAME:							_ UTEP ID: _					
ANTICIPATED GRADUATION DATE:						CURRENT MAJOR:						
PROGRAM OF STUDY: Com	plete the	entire program	of study, witl	n your Academic Advisor, begi	inning wit	h the present s	emester, if you	are currently enrolled.				
SEMESTER/YEAR: Summer 2024			SEMESTER/YEAR: Fall 2024				SEMESTER/YEAR: Spring 2025					
Course Title and Number Ex: UNIV 1301	# of Credits	Core or Major Requirement?	Repeated Course? Y/N	Course Title and Number Ex: UNIV 1301	# of Credits	Core or Major Requirement?	Repeated Course? Y/N	Course Title and Number Ex: UNIV 1301	# of Credits	Core or Major Requirement?	Repeated Course? Y/N	
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SEMESTER/YEAR: Summer 2025				SEMESTER/YEAR: Fall 2025				SEMESTER/YEAR: Spring 2026				
Course Title and Number Ex: UNIV 1301	# of Credits	Core or Major Requirement?	Repeated Course? Y/N	Course Title and Number Ex: UNIV 1301	# of Credits	Core or Major Requirement?	Repeated Course? Y/N	Course Title and Number Ex: UNIV 1301	# of Credits	Core or Major Requirement?	Repeated Course? Y/N	
ADVISOR SECTION: Comn	nents (opt	tional):										
Advisor Signature:						Email:						