WINTHROP UNIVERSITY OFFICE OF FINANCIAL AID

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

Student Name		Winthrop ID Number			
I plan to enroll in (check one):	☐ Fall 2023	☐ Spring 2024	☐ Summer 2024		
your academic performance, you may re-	quest reconsideration be ease allow 2-4 weeks f	y filing an appeal. W	inthrop University's	extenuating circumstances contributed to SAP Standards may be accessed online at of Financial Aid. Submitting this appeal	
To allow enough time for review and processing recommend you submit completed appeals by:					
July 3 rd for Fall semester	February 1st	for Spring semester	♦	June 3 rd for Summer semester	
Choose One: Check one of the follo	wing and provide rea	quired documentati	on.		
Extenuating Circumstancemust include:	es: I have experience	ed circumstances th	at affected my acad	demic performance. Your appeal	
the circumstance a	ffected your academ	ic performance dur	ing each semester y	our explanation must include: 1) how you failed to meet SAP, and 2) how e sure to address that in your	
College. Request a	cademic Action Plan - Undergraduate students must submit an Academic Action Plan created by University college. Request an AAP appointment - http://www.winthrop.edu/success/AAP/ Graduate students may submit an Academic Plan created by an appropriate faculty member or graduate advisor				
	ocumentation to support your extenuating circumstance(s). <i>Documentation not required if extenuating cumstance related to COVID-19</i> .				
☐ Maximum Time-Frame: I degree. Your appeal must i		east 180 credit hour	s and must complete	e additional courses to receive my	
• •	stement - A typed statement explaining the circumstances that have led you to needing additional courses to				
your degree and yo	tline - Provide an outline, <u>signed by your academic advisor</u> , detailing the remaining courses needed to complete ar degree and your anticipated date of graduation. If your appeal is approved, you may not receive financial aid courses other than those listed in your outline.				
				eted at least 66.67% of my attempted evaluation of my academic progress.	
form does not guarantee approval an	d reinstatement finar I will be expected to	ncial aid. I understant of meet the requirement	and incomplete appoint	cademic action plan. I understand that	
Student's Signature		Date			
	Sykes House 638 O	akland Ave, Rock Hil	1 SC 29733		