Satisfactory Academic Progress Form - GPA & Pace

Name_________________________________________________________ ETSU ID Number E________________________

ETSU email_________________________________________ Phone (_ )________ - __________

IMPORTANT: SAP eligibility is not reinstated for a semester that has ended. Petitions are reviewed in the date order received within 10 business days, but may take longer between semesters, and at the beginning of a semester when volume is heavier. You will be sent written notice of the decision.

If your SAP eligibility is approved in SAP probation status, all classes must be taken at ETSU for you to comply with the requirements of that status.

Exclusions (the following situations are NOT grounds for an appeal)

• Past Due Account Balance—An appeal is not a substitute for keeping a student account paid and current. A student is responsible for charges and payments to his/her account.

• Non-attendance and/or Poor Academic Progress—The appeal process is for those students who are academically engaged (attended and participated in classes until the time of the event). It is not intended for students in non-attendance, for those who have stopped attending due to personal reasons or change of academic plans, and/or for those with poor academic progress.

• Situations that are Academic in Nature—If the situation regarding your failure to meet the Standards of Academic Progress is directly related to coursework and/or instruction.

• Non-Emergency or Preventative Medical Appointments/Procedures—Routine exams, elective procedures, and preventative care not requiring extended absence or which could have been scheduled without impacting class attendance do not qualify (e.g., pregnancy does not qualify unless complications arose requiring extended absence). Cosmetic procedures do not qualify unless required due to a medical emergency; appropriate documentation indicating that the procedure was needed due to special medical circumstances is required.
Instructions:
Attach all required information listed below to this coversheet, and submit it at the same time. Incomplete petitions will be denied.

Petition Requirements:

Your Personal Statements (cannot be provided by someone else and must be typed, dated, and signed):

1. Personal Statement of Extenuating Circumstances - Provide concise, factual statements that describe extenuating circumstances, such as personal injury or illness, family emergency, death of a close relative (e.g. parent, sibling or grandparent), or other exceptional circumstances that occurred during specific individual semesters/terms of enrollment in which you did not successfully pass all classes. If you continually enrolled with an ongoing medical condition or personal circumstance, explain why you did not reduce your course load or stop attending to adjust to any personal limitations.

2. Personal Statement of what has changed - Explain what has changed in your situation, and the steps you have taken to ensure that you will successfully complete all current and future classes.

3. Supporting Documentation - Attach written documentation (no pictures) for both 1 and 2 above that is date specific and that clearly supports each extenuating circumstance described in your personal statement(s), and that documents changes and steps you have taken to ensure current and future success in your classes. Do not provide originals, or your only copy, as all information is imaged and the paper copy destroyed.

Examples of Acceptable Documentation:

- A signed, dated statement on professional letterhead from a doctor or other professional that confirms medical, legal, or other circumstances described in your personal statements, and that states whether these are resolved.
- A copy of a police report or court document that includes a date and information specific to what happened.
- A copy of a death certificate or funeral announcement that includes the date of death.

FOR OFFICE USE ONLY

Appeal Decision Code: APGPA; APPACE; APMAX; APPGPA; DENIED

Tracking Code: APPLFA; APPLSP; APPLSU □ RHACOMM □ Date email sent__________

Comments/Appeal Restrictions

Reviewed by________________________________________Date________________________