SATISFACTORY ACADEMIC PROGRESS APPEAL AND ACADEMIC SUCCESS PLAN
Student Success and Retention Office

Name: ______________________________  ID #: ______________________________
Phone: (   ) __________________________  Email: ______________________________
Classification: ___________________  Major: _______________________________

You have been denied Federal Aid because you failed to meet one of the conditions of the University Satisfactory Academic Progress (SAP) policy. A denial of federal aid can also cause denial of state aid, outside scholarships, leadership positions, and institutional scholarships. Students with extenuating circumstances that may have caused unsatisfactory progress are allowed to submit an Appeal for reinstatement of aid to the University SAP Appeals Committee. If you wish to appeal, please explain below (or on a separate attached page) the unique reasons and extenuating circumstances for your appeal and your plan for academic success. In addition, please provide any documentation to support your appeal, such as a doctor’s statement, etc. Submit this form, along with appropriate documentation, to the ORU Student Success and Retention Office via mail, fax, or email. If you do not wish to appeal, please notify the Student Success and Retention Office stating that you understand you have been denied Federal Financial Aid and that you do not wish to appeal at this time. Contact information for the Student Success and Retention Office is listed at the bottom of this form.

Explanation of Reasons for not Meeting SAP Requirements:
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

Academic Success Plan:
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

By signing, I certify that all information submitted for this petition is true and accurate to the best of my knowledge.

_________________________________________________________  _____________________________
Student’s signature                       Date

FOR OFFICE USE ONLY

Current Cumulative GPA: _______  Total Attempted Hours: _______  Current Annual Pass Rate: _______  Current Overall Pass Rate: _______

( ) Approved one term  ( ) Approved on Academic Plan  ( ) Student is no longer failing SAP  ( ) Appeal Denied

Comments: ____________________________________________________________

_________________________________________________________  _____________________________
Signature of Appeals Committee             Date