

# Satisfactory Academic Progress Documentation Form

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Do not complete this form if pages 1 and 2 of the Satisfactory Academic Progress Petition form are not completed and attached for your review. Please return all pages to the student after completing this form.**

This form is also available for completion online at [www.financialaid.und.edu/SAP\\_Appeal.html](http://www.financialaid.und.edu/SAP_Appeal.html).

The above named student has been placed on financial aid suspension at the University of North Dakota for failure to comply with one or more of the federal financial aid Satisfactory Academic Progress requirements (see page 1 of the Satisfactory Academic Progress Petition Form). This form is part of the student's appeal for reinstatement of federal financial aid eligibility. Any information you can provide below will be helpful during the appeal evaluation process.

1. In what capacity do you know this individual?

2. Please provide any information you have pertaining to this individual's situation (as described on the Satisfactory Academic Progress Petition Form).

**Academic Advisor:** Please complete the following section if Box #2 is checked on Page 1 of the Satisfactory Academic Progress Petition form (Exceeded Maximum Time Frame):

1. Remaining credit hours needed to complete degree requirements (including current semester): \_\_\_\_\_

2. Number of semesters needed to complete degree requirements (including current semester): \_\_\_\_\_

3. Anticipated graduation date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Contact Phone or E-Mail: \_\_\_\_\_

Title:  Academic Advisor  Clergy  Counselor  Physician  Other \_\_\_\_\_