

Satisfactory Academic Progress (SAP) Appeal

The University requires students to be meeting the standards for Satisfactory Academic Progress (SAP). Students who do not meet [Satisfactory Academic Progress \(SAP\) standards](#) are not eligible to receive financial aid. Students with extenuating circumstances that have led to their inability to meet SAP standards, may submit a SAP appeal for consideration.

INSTRUCTIONS:

1. Schedule an appointment with an advisor in the Advising and Peer Mentorship Office by calling 401-254-3456 or emailing advising@rwu.edu.
2. Students should prepare for the meeting by completing a SAP Appeal Form and gathering supporting documentation to submit at the meeting.

Fall Semester = July 31th

Spring Semester = January 22nd

* Incomplete or late SAP Appeal Forms will not be accepted.

3. Students should bring their completed appeal form (excluding Section D) along with a typed, signed statement and supporting documentation to explain the extenuating circumstances that contributed to not meeting SAP standards. The personal statement should:
 - Explain why you were not able to meet SAP standards.
 - Describe how circumstances have changed that make you feel you can now meet SAP standards and/or what steps you will take to accomplish your educational goals.
 - Include documentation that will support your appeal and provide records of your extenuating circumstances.
4. During the appointment, the student and advisor will work together to develop an Academic Plan (Section D) for the appeal.

The completed form and supporting documentation will then be submitted by the advisor to the Financial Aid Office. Students can expect to receive the SAP appeal decision from the Financial Aid Office via their RWU email account/letter within 10 business days from receipt of the appeal.

ADVISING AND PEER MENTORSHIP OFFICE USE ONLY:
Appointment with: _____
Appointment date: _____
Date submitted to Financial Aid: _____

SECTION A: Student information (to be completed by the student)

First Name: _____ Last Name: _____ MI: _____

Student ID Number: _____ RWU Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Academic Program: Undergraduate Graduate

SECTION B: Term of SAP Appeal

I am submitting the SAP Appeal Form for the following semester. Check only one box.

Fall 2026 Spring 2027

SECTION C: Student Certification

I certify that all information provided is true and correct to the best of my knowledge. I have read the instructions on the SAP Appeal Form and have attached all required documentation.

_____ **I understand that I am responsible for all my debts incurred at the University regardless of my academic status.**
Initial

_____ **If my appeal is approved, I understand I am required to earn a per term GPA (minimum 2.25) until I am back in good academic standing.**
Initial

_____ **If my appeal is approved, I understand I am required to earn a minimum number of credits as outlined in section D of this form.**
Initial

_____ **I understand I can only appeal one time for the reinstatement of financial aid.**
Initial

Student Printed Name: _____

Student Signature: _____ Date: _____

SECTION D: Academic Plan (to be completed by advisor)

Major: _____ Minor/ Core concentration: _____

Number of credits remaining to complete degree: _____ Projected Graduation Date: _____

Recommendations for student to assist with future academic success, such as referrals, reduced course load:

Fall 20			Spring 20			Fall 20			Spring 20		
Course	Credits	Required Y/N	Course	Credits	Required Y/N	Course	Credits	Required Y/N	Course	Credits	Required Y/N
Total credits:						Total credits:					
Fall 20			Spring 20			Fall 20			Spring 20		
Course	Credits	Required Y/N	Course	Credits	Required Y/N	Course	Credits	Required Y/N	Course	Credits	Required Y/N
Total credits:						Total credits:					
Fall 20			Spring 20			Fall 20			Spring 20		
Course	Credits	Required Y/N	Course	Credits	Required Y/N	Course	Credits	Required Y/N	Course	Credits	Required Y/N
Total credits:						Total credits:					

Name of advisor (please print): _____ Title: _____
 Department: _____ RWU Email: _____
 Advisor's signature: _____ Date: _____