

Satisfactory Academic Progress (SAP) Appeal Request

The student should complete sections 1 and 2 of this form. The student should provide this form to his/her academic/program advisor to have section 3 completed prior to submitting the appeal to the Financial Aid Office.

The Financial Aid Appeals Committee will review your request, and notify you of its decision within 10 business days via your TTUHSC email account.

SECTION 1:				
Student Name:	Student ID Number:		Date:	
Semester Student is Appealing:	Summer 20 Fall 20	Spring	_ Undergraduate	Graduate
SECTION 2:				
Reason for Appeal:				-
	anation detailing what issue(s) caused yo resolved. You must also attach documen			
Please attach a copy of your degre finish your degree.	ee plan showing the courses you have	successfu	lly completed and the	courses still needed to
SECTION 3:				
THIS	S SECTION IS TO BE COMPLETED BY	ACADEMIC	/PROGRAM ADVISOR	
Program:	_ Advisor Name:	Ema	il Address:	
Student's Expected Graduation Date	:			
Will this student be able to obtain a CSOM) by the end of this term?	GPA acceptable to our policy (2.5 underg	raduates/2.7	7, 2.8 or 3.0 graduates /	75% SOP/ not applicable
Have you explained the importance of	of successfully completing the classes he	or she enro	lls in each semester? _	
For students who have attempted moto complete his/her degree in the next	ore than 150% of courses required for his kt one to two semesters?	s/her degree	, have you created a pla	an that will allow the student
Has the student been placed on a de degree requirements? Yes No	egree plan and/or been provided with any Comments:			ccessful completion of the
ADVISOR'S SIGNATURE	DATE:			
	certify that the information provided in th Progress Policy of the Texas Tech Unive			my knowledge, and I have
STUDENT SIGNATURE	DATE			
	Please submit your a	ppeal to:		

Texas Tech University Health Sciences Center El Paso Office of Student Financial Aid 5001 El Paso Drive El Paso, Texas 79905