



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO**

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: _____

Please attach a signed letter of explanation detailing what issue(s) caused your lack of satisfactory academic progress as outlined in our policy, and how this issue has been resolved. You must also attach documentation of the circumstances described in your letter.

Please attach a copy of your degree plan showing the courses you have successfully completed and the courses still needed to finish your degree.

SECTION 3:

THIS SECTION IS TO BE COMPLETED BY ACADEMIC/PROGRAM ADVISOR

Program: _____ Advisor Name: _____ Email Address: _____

Student's Expected Graduation Date: _____

Will this student be able to obtain a GPA acceptable to our policy (2.5 undergraduates/2.7, 2.8 or 3.0 graduates /75% SOP/ not applicable SOM) by the end of this term? _____

Have you explained the importance of successfully completing the classes he or she enrolls in each semester? _____

For students who have attempted more than 150% of courses required for his/her degree, have you created a plan that will allow the student to complete his/her degree in the next one to two semesters? _____

Has the student been placed on a degree plan and/or been provided with any additional advice regarding the successful completion of the degree requirements? Yes No Comments: _____

ADVISOR'S SIGNATURE _____ DATE: _____

I, _____, certify that the information provided in this appeal is accurate to the best of my knowledge, and I have reviewed the Satisfactory Academic Progress Policy of the Texas Tech University Health Sciences Center.

STUDENT SIGNATURE _____

DATE _____

Please submit your appeal to:

Texas Tech University Health Sciences Center El Paso
Office of Student Financial Aid
5001 El Paso Drive MSC 21014
El Paso, Texas 79905

Email: elp.financialaid@ttuhsc.edu

Phone: 915-215-4370