



# MONTANA STATE UNIVERSITY – BILLINGS

## SATISFACTORY ACADEMIC APPEAL FORM

*Office of Financial Aid & Scholarships, 1500 University Drive, Billings, MT 59101*

---

Federal Regulations require that students must maintain satisfactory academic progress (SAP) to receive financial aid (whether or not you have received financial aid previously). If you are denied financial aid because of failure to maintain satisfactory academic progress, you may appeal. To be successful, you must document extenuating circumstances beyond your control, such as a serious illness or a death in your immediate family, which prevented you from meeting minimum SAP requirements.

### INSTRUCTIONS FOR YOUR APPEAL

1. Submit a typed, signed letter no longer than one page, addressing why you failed to make SAP and what has changed that will now allow you to progress toward your degree. If you were suspended because you exceeded the maximum time frame allowed to earn your degree, a change of major or a double major are generally not considered to be extenuating circumstances.
2. Include your Plan of Study (see back) signed by your advisor. If the appeal is for an extension of time, the plan must include every semester until graduation and have a firm graduation date. The plan must outline only courses required for graduation.
3. Attach supporting documentation for the appeal and/or show how the problem has been resolved or alleviated. The dates need to correspond to the time you had academic difficulty. If medical, the doctor's letter is to state the medical problem, when it occurred and whether it will interfere with future attendance. Documentation is to be pertinent to the circumstances for the appeal. Examples: death certificate, obituary, police records, divorce papers, court records, or a letter from a counselor/social worker. If you are unable to document your circumstances, please address this in your letter.

Appeals will be reviewed TWICE per month. We will attempt to make a decision on all completed appeals prior to the start of each semester. Students will be notified in writing of the decision.

- Typed, signed letter.
- Attached supporting documentation.
- Completed Plan of Study signed by you and your advisor.

# PLAN OF STUDY

## Satisfactory Academic Progress Appeal

**Student:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

Print Student's Name

**Student's address:** \_\_\_\_\_

**Student's email:** \_\_\_\_\_ **Student's phone #:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

Please list the courses the student will take for the next 3 to 5 semesters. Asterisk any repeat courses.

\* \* \* PLAN OF STUDY MUST BE SIGNED BY THE STUDENT AND THE ADVISOR \* \* \*

Fall 20__	Cr.	Spring 20__	Cr.	Summer 20__	Cr.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total	_____	Total	_____	Total	_____

Fall 20__	Cr.	Spring 20__	Cr.	Summer 20__	Cr.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total	_____	Total	_____	Total	_____

**CERTIFICATION:** The above courses are required for the student's degree.

Expected graduation date: \_\_\_\_\_

Number of earned credits that apply toward degree: \_\_\_\_\_

Number of credits left to earn for degree: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_