TEXAS A&M UNIVERSITY

Academic Advisor Appeal Questionnaire

To be submitted as part of Financial Aid Appeal Process

Student Name: _____ UIN: _____

THE FOLLOWING IS TO BE COMPLETED BY THE ACADEMIC ADVISOR PRIOR TO FINANCIAL AID APPEAL MEETING

Advisor Name: _____ Department: _____

Advisor Telephone: _____ Advisor E-Mail:_____

This student is currently ineligible to receive financial aid for failure to meet Satisfactory Academic Progress (SAP) standards. The following three components are used in determining financial aid SAP eligibility:

1) Minimum GPA: 3.0 for graduate students, 2.0 for undergraduates (includes FYGE courses)
2) 75% completion rate on attempted courses (institutional and transfer)
3) Total hours cannot exceed maximum of 180 hours for undergraduates or 150% of degree program for graduate students

The information that you provide on this form will serve a vital role in our decision-making process. The student should submit the completed form as part of their Financial Aid Appeal.

Is the student a readmit? Yes ☐ No ☐

Is the student degree-seeking? Yes*☐ No ☐

Has the student been provided with advising regarding the successful completion of degree requirements? Yes ☐ No ☐

Is the student in good academic standing with the academic department? Yes ☐ No ☐

If not, please list the academic department's conditions/expectations of the student:

_____

_____

Is the student allowed to continue enrollment for the upcoming term? Yes ☐ No ☐

Please list the student's semesters remaining until graduation and their expected enrollment in each semester.

	Semester (Semester - Year)	Expected Enrollment (Hours)		Semester (Semester - Year)	Expected Enrollment (Hours)		Semester (Semester - Year)	Expected Enrollment (Hours)
1			5			9		
2			6			10		
3			7			11		
4			8			12		
							Total Hours Remaining Until Student Can Receive Degree:	

What is the student's expected graduation date? _____

Please describe your recommendations to the student in regards to academic improvement. *This information will be used in the financial aid appeal meeting to determine how soon the student may meet the minimum requirements of financial aid eligibility.*

_____

_____

_____

Additional Comments:

_____

_____

Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

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