



Academic Advisor Appeal Questionnaire

To be submitted as part of Financial Aid Appeal Process

Student Name: _____ UIN: _____

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:** 2.0 for undergraduates (includes FYGE courses); 3.0 for graduate students, 2.33 for Law and Pharmacy; 2.0 for Veterinary Medicine, Medicine, and professional Dental students
- 2) **Completion Rate** of attempted courses (all institutional and transfer): 75% completion rate for Undergraduates; 67% for Graduate, Veterinary Medicine, Law, Medicine, professional Dental and Pharmacy
- 3) **Total hours** cannot exceed maximum: 134% of degree plan for undergraduate students; 150% of degree program for graduate students; Law- 135 hours; Pharmacy- 219 hours; Veterinary Medicine- 200 hours; Medicine- 285hours; professional Dental- 250 hours

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

The student must submit this completed form as part of the financial aid Satisfactory Academic Progress (SAP) appeal process. The information provided on this form plays a vital role in our appeal decision-making process.

Advisor Name: _____ Department: _____
 Advisor Telephone: _____ Advisor E-Mail: _____

- 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 semesters remaining until graduation and the expected enrollment for 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 in student degree plan:								

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.*

Advisor Signature: _____ Date: _____

PO Box 30016
 College Station, TX 77842-3016

Student Signature: _____ Date: _____

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