

**Satisfactory Academic
Progress (SAP) Appeal**

Student Financial Services
PO Box 800
Ward Edwards 1100
Warrensburg, MO 64093
Office 660-543-8266
Fax 660-543-8080
Email for documents only
financialassistance@ucmo.edu

SAP

Student's Name _____ **700** _____
Please print.

Student's Local/Campus Mailing address _____

Student's Preferred Telephone number (_____) _____

Deadlines for submitting appeals:

Fall Semester 2025 – 8/18/2025

Spring Semester 2026 – 1/12/2026

Summer Semester 2026 – 6/15/2026

The UCM Standards of Satisfactory Academic Progress may be reviewed at
<https://www.ucmo.edu/future-students/financing-your-education/financial-aid-policies/>

Your appeal should explain in as much detail as possible why you failed to meet one or more of the UCM Standards of Satisfactory Academic Progress. Your appeal must be specific and complete. In accordance with federal law, appealing by telephone or in person is not permitted.

Explain any personal, family, or economic circumstances you believe impacted your ability to meet the standard(s). Circumstances may include:

- Illness or injury (you, your spouse or child)
- death of a close family member
- family difficulties (divorce, separation, etc.)

Documentation **MUST** be provided to explain the circumstances described in your written appeal. The following are examples of documents that may apply to your situation:

- signed statements from counselors, instructors, doctors or other professionals on their letterhead
- copies of benefits statements or medical bills
- death or birth certificates
- legal documents
- copies of repair bills

Appeals must document true hardships that caused you to perform poorly in class. Failure to attend class, purchase books/materials, etc. are not considered grounds for an appeal. You must also explain how you plan to ensure you'll meet the Standards of Satisfactory Academic Progress in the future, if the privilege of receiving federal financial aid is restored to you.

(Continue on a separate sheet, if necessary.)

When do you expect to graduate/complete your **current** UCM degree? Month _____ Year _____

Student Certification (please initial in the space provided.)

_____ I have attached or enclosed documentation required to support my appeal.

_____ I understand I will be notified within 10 business days, via my UCM email account, whether my appeal has been granted or denied.

_____ I understand this appeal, if approved, is only valid for one semester. I understand failure to meet the standards after this semester will result in loss of financial aid in the future.

_____ I understand that I cannot appeal again if this appeal is denied.

Student Signature Date