



Office of Financial Aid  
315 Turnpike Street  
North Andover, MA 01845  
Phone: 978-837-5186

Fax: 978-837-5067  
e-mail: [financialaid@merrimack.edu](mailto:financialaid@merrimack.edu)  
[www.merrimack.edu/aid](http://www.merrimack.edu/aid)

**2016-2017 Satisfactory Academic Progress Appeal Form**

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

**Satisfactory Academic Progress (SAP) Requirements**

- Minimum cumulative grade point average (GPA) of 2.0 for undergraduates, after two academic years
- Minimum completion rate of 67% (total earned credits/total attempted credits)
- Maximum time frame cannot exceed 150% of published length of program

Students not making Satisfactory Academic Progress, who have been denied financial aid, may appeal for reinstatement when extenuating circumstances exist. Supporting documentation is required. Appeals are reviewed by representatives of the Office of Financial Aid and students are later notified of the outcome.

**The Student Must:**

Attach to this form, a typed personal statement addressing the following:

- 1. Describe the reasons and circumstances why you have not met the above requirements for satisfactory academic progress.**
- 2. Explain how your circumstances have changed and will now allow you to meet the satisfactory academic progress standards if your financial aid is extended. Include resources you intend to use to assist you in becoming successful.**

Your statement should include any relevant factors such as illness or life circumstances, and your perspective on what led to this academic difficulty.

Submit third-party documentation supporting your appeal, if appropriate. (For illness, it is required that you submit medical documentation.)

Prior to July 31, 2016, contact The Center for Academic Enrichment at 978-837-5278 for an appointment with an academic counselor to develop an academic plan. After July 31, 2016, you must contact your Dean's Office for an appointment. Please be sure to bring your completed statement to your meeting.

**The Academic Counselor/Dean Must:**

- Complete *Academic Counselor/Dean & Student Academic Plan* contained within this document.

**IMPORTANT: Incomplete appeals will not be considered. This appeal is for financial aid purposes only and is separate from any academic appeal procedures. The student will return the completed appeal form with documentation to the Office of Financial Aid in Austin Hall.**

**Deadline for submission to the Office of Financial Aid: August 26, 2016**

*I understand this appeal is subject to review by the Office of Financial Aid and approval or denial of this request will be based on information contained in this appeal as well as a review of my academic record. I certify the information provided is true and complete.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# 2016-2017 Academic Counselor/Dean & Student Academic Plan

**Deadline for submission to Office of Financial Aid: August 26, 2016**

This form must be used to support a student's appeal for the reinstatement of financial aid, and is separate from any academic appeal procedures.

***To be completed by the student:***

Student Name (print): \_\_\_\_\_ ID: \_\_\_\_\_

Major: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Total credits earned to date: \_\_\_\_\_

***To be completed by Academic Counselor/Dean:***

- Number of credits student is to enroll in for upcoming semester: \_\_\_\_\_

- Minimum number of *earned* credits required for the upcoming semester: \_\_\_\_\_

- Minimum GPA required for the upcoming semester: \_\_\_\_\_

- Other specific recommendations that should be met: (e.g. resources, tools, specific courses student must enroll in the next semester)

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*I acknowledge the information provided on this form is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Academic Counselor/Dean Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date