



**MERRIMACK  
COLLEGE**

**Office of Financial Aid**

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**2025-2026 Satisfactory Academic Progress Appeal Form – Graduate Students**

Student Name: \_\_\_\_\_ Merrimack ID Number: \_\_\_\_\_

**Satisfactory Academic Progress (SAP) Requirements**

- Minimum cumulative grade point average (GPA) of 3.0
- Minimum completion rate of 50% (total earned credits divided by total attempted credits)
- Maximum time frame cannot exceed 150% of published length of program

Students not making Satisfactory Academic Progress, who are not eligible to receive federal financial aid, may appeal for consideration of reinstatement when extenuating circumstances exist. Supporting documentation is required. Appeals are reviewed by representatives of the Office of Financial Aid and students will be 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.

Please contact your Academic Advisor/Program Director for an appointment to develop your academic plan. Please be sure to bring your completed statement to your meeting.

**The Academic Advisor/Program Director Must:**

- Complete *Academic Advisor/Program Director 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 22, 2025.**

*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.*

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Student Signature

Date

**Merrimack College**  
**2025-2026 Academic Advisor/Program Director & Student Qualitative Academic Plan**

**Deadline for submission to Office of Financial Aid: August 22, 2025**

This form must be used to support a student's Qualitative Satisfactory Academic Progress (SAP) Appeal for the consideration of reinstatement of financial aid, and is separate from any academic appeal procedures.

**To be completed by the student:**

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

**Note: Bring your SAP letter received from the Office of Financial Aid to your academic appointment.**

**To be completed by Academic Advisor/Program Director:**

In order for the student to continue receiving federal financial aid, SAP requirements must be met. For qualitative purposes, SAP requires a cumulative Grade Point Average (GPA) of 3.0.

Please check **one** of the following:

- ☐ Student will be able to meet Satisfactory Academic Progress (SAP) GPA by the end of the next term of enrollment.  
Number of credits student needs to take in order to meet the GPA SAP requirement \_\_\_\_\_  
...and  
GPA needed to meet SAP within 1 term \_\_\_\_\_

**OR:**

- ☐ Student will need more than 1 term to reach minimum SAP standards. Number of terms needed is \_\_\_\_\_ and a benchmark GPA of \_\_\_\_\_ each term needed for student to achieve SAP by (month/year) \_\_\_\_\_ semester.

**Please list the courses in which the student plans to enroll for this academic year:**

| <b>Summer 2025</b><br><b>Course Name/<br/>Credit Hours</b> | <b>Fall 2025</b><br><b>Course Name/<br/>Credit Hours</b> | <b>Spring 2026</b> (Estimate credits if courses<br>are not known, by assuming the same number of<br>credits will be taken as was in prior semester)<br><b>Course Name/Credit Hours</b> |
|------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                            |                                                          |                                                                                                                                                                                        |
|                                                            |                                                          |                                                                                                                                                                                        |
|                                                            |                                                          |                                                                                                                                                                                        |

**ACADEMIC ADVISOR/PROGRAM DIRECTOR STATEMENT:**

The student has met with me and understands the importance of completing all attempted credit hours and that all incomplete grades must be resolved by the end of the term. By signing this form, I am indicating that I have explained the terms of the academic plan to the student and feel confident that the student is capable of achieving the goals set forth.

\_\_\_\_\_  
Academic Advisor/Program Director Signature

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# Merrimack College

## 2025-2026 Academic Advisor/Program Director & Student Quantitative Academic Plan Deadline for submission to Office of Financial Aid: August 22, 2025

This form must be used to support a student's Quantitative Satisfactory Academic Progress (SAP) Appeal for the consideration of reinstatement of financial aid, and is separate from any academic appeal procedures.

### To be completed by the student:

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

**Note: Bring your SAP letter received from the Office of Financial Aid to your academic appointment.**

### Completion Rate – what does it mean?

All graduate student financial aid recipients must complete at least 50% of attempted hours in order to continue to qualify for financial aid. You may calculate your completion rate by counting all hours successfully completed and dividing them by the total of all hours attempted. Successful completion includes grades of A, B, or C. Unsuccessful completion includes grades of F, I, N or W.

You will want to be sure you are in all of the correct courses for each semester. It is your responsibility to keep track of your completion rate percentage to ensure you are meeting the requirement of the SAP policy.

### STUDENT STATEMENT:

I understand that my overall completion rate is below the SAP standard. In order to maintain eligibility for financial aid **I must complete 100% of all coursework outlined in my academic plan.** Furthermore, I understand that failure to meet the requirements will result in my becoming ineligible for additional financial aid assistance in future terms until such time as I meet the conditions of the Satisfactory Academic Progress Policy.

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

\_\_\_\_\_  
Date

### Please list the courses in which the student plans to enroll for this academic year:

| <b>Summer 2025</b><br>Course Name/<br>Credit Hours | <b>Fall 2025</b><br>Course Name/<br>Credit Hours | <b>Spring 2026</b> (Estimate credits if courses<br>are not known, by assuming the same number<br>of credits will be taken as was in prior<br>semester)<br>Course Name/Credit Hours |
|----------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                    |                                                  |                                                                                                                                                                                    |
|                                                    |                                                  |                                                                                                                                                                                    |
|                                                    |                                                  |                                                                                                                                                                                    |

Will the student need more than one term to raise completion rate above 50%? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, how many: \_\_\_\_\_ and if student completes 100% of attempted courses for these terms (S/he) will achieve a 50% overall completion rate by (month/year) \_\_\_\_\_ semester.

**ACADEMIC ADVISOR/PROGRAM DIRECTOR STATEMENT:** The student has met with me and understands the importance of completing all attempted credit hours and that all incomplete grades must be resolved by the end of the term. By signing this form, I am indicating that I have explained the terms of the academic plan to the student and feel confident that the student is capable of achieving the goals set forth.

\_\_\_\_\_  
Academic Advisor/Program Director Signature

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date