Soka University of America – Office of Financial Aid
Satisfactory Academic Progress Appeal

SUA ID#: _______________________________   Cell Phone#: _______________________________

Name: _______________________________   _______________________________   _______________________________

Last   First   M.I.

This form has two Sections. All sections must be completed in full before this appeal can be considered for review. This appeal must be received within 30 days of you receiving the SAP Financial Aid Suspension notification. It is the student’s responsibility to submit this completed form to the Office of Financial Aid.

Mail to: SUA, Office of Financial Aid, 1 University Drive, Aliso Viejo, CA 92656, USA
E-mail scanned copy to: financialaid@soka.edu

Section 1: Letter of Explanation

1. What special circumstances prevented you from meeting the Satisfactory Academic Progress requirements? Attach supporting documentation and/or additional pages for explanation:

__________________________________________________________________________________________

__________________________________________________________________________________________

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2. What has now changed in your circumstances that will enable you to be successful academically? Also explain what steps you will take to meet Satisfactory Academic Progress in the future (e.g. tutoring, counseling, etc.):

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Student Signature   Date

Internal Use Only

DECISION:  □ Approved   □ Denied

Comments:

__________________________________________________________________________________________

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Financial Aid Staff Signature(s): _______________________________   _______________________________   _______________________________

Date: _______/_____/________
**Satisfactory Academic Progress Appeal**

**SUA ID#:_________________________  Cell Phone#:_________________________**

**Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
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1) **SAP Appeal Term(s):**
- [ ] Fall
- [ ] Spring
2) **Is this your first SAP Appeal?**
- [ ] Yes
- [ ] No

3) **Reason for SAP Appeal:**
- [ ] Low GPA
- [ ] Insufficient Units Completion
- [ ] Maximum time frame reached

4) **Anticipated Graduation Date:**

Create an academic plan **with the Dean of Students** that will demonstrate successful progress toward meeting Satisfactory Academic Progress (SAP) by the end of your program or this year (whichever is earliest). Each term **must** include a projected GPA and units needed per session to meet SAP. If you are not meeting SAP for GPA reasons, your projected GPA must be high enough to ensure that your cumulative GPA will be raised to the level required for your program before your graduation date. For more details, refer to: www.soka.edu/financialaid.

<table>
<thead>
<tr>
<th>(Example) Term: Fall 2014</th>
<th>1st Term after SUSPENSION status:</th>
<th>2nd Term:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Units:</strong> 12 units</td>
<td>Units:</td>
<td>Units:</td>
</tr>
<tr>
<td><strong>Classes:</strong> MATH101,ENGL201,ART300</td>
<td>Classes:</td>
<td>Classes:</td>
</tr>
<tr>
<td><strong>Expected GPA for Term/Session:</strong> 3.2</td>
<td>Projected GPA for Term:</td>
<td>Projected GPA for Term:</td>
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</table>

<table>
<thead>
<tr>
<th>3rd Term:</th>
<th>4th Term:</th>
<th>5th Term:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Units:</td>
<td>Units:</td>
<td>Units:</td>
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<tr>
<td>Classes:</td>
<td>Classes:</td>
<td>Classes:</td>
</tr>
<tr>
<td>Projected GPA for Term:</td>
<td>Projected GPA for Term:</td>
<td>Projected GPA for Term:</td>
</tr>
</tbody>
</table>

**To be completed by Dean of Students:**

1. **Is the student on academic probation?**
- [ ] YES
- [ ] NO
2. **Retaking courses?**
- [ ] YES
- [ ] NO

**Additional terms of plan or comments:**

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

**Reviewed By (Print Name and Title):**

____________________________________________________________________________________________________________________

**Contact information (or attach business card):**

_________________________________________ (Email/Phone)

**Signature:**

__________________________

**Date:** ________/______/__________

***I certify that this academic plan was reviewed and approved to meet Satisfactory Academic Progress requirements.***

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