6800 Wydown Blvd
Ryan Hall, Room 209
St Louis MO 63105-3098
314-889-1414
finadid@fontbonne.edu

2022-2023 Satisfactory Academic Progress Appeal

Process: Complete this form, including your personal statement of appeal, legal signature, and date. Incomplete appeals will not be considered for review.

Name _____ **University ID#** _____

Academic Degree Program: _____ Anticipated graduation date _____

Personal Statement and Supporting Documentation

- A signed personal statement **must** be provided with your appeal form and should explain the following:
  - Details regarding the mitigating circumstances that contributed to your unsatisfactory academic progress during all terms in which SAP was not met
  - How you have modified your behavior to meet the standards of satisfactory academic progress
- Submission of supporting documentation which validates your circumstances is **strongly encouraged**.

Student and Academic Advisor Certification Statement

Academic Plan: Schedule an appointment with your academic advisor to complete this section. Note: You will need to collaborate with your advisor to complete this form. Be prepared to discuss your remaining degree requirements and your strategy to complete your degree. Please know this process may take more than one appointment.

Term:	Year:
List Courses below	**Credit Hours**
Term:	Year:
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By signing and dating below, I acknowledge I am aware of this student's current Satisfactory Academic Progress (SAP) status. The student and I have included a list of their intended course load for the identified semesters below in an effort to ensure the best opportunity for academic success.

_____ _____
Academic Advisor's Signature Date

I have enclosed a letter of explanation addressing the circumstances preventing me from completing my deficient credits, maintaining a 2.0 GPA, or completing my program in a timely manner. My attached explanation details what will be different about the upcoming semester and how I will be able to complete my courses. I understand that if this is not approved then I will be responsible for the semester charges.

_____ _____
Student Signature (ink signature) Date

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