



**Inter American University of Puerto Rico**  
Office of the Dean of Academic Affairs

**SATISFACTORY ACADEMIC PROGRESS POLICY**

**APPEAL FORM**

*Graduate Level*

Identification Number				Father's Surname				Mother's Maiden Surname				Name		Initial	
Campus				Home address				Mailing Address							
Home Telephone															
Mobile Phone															
E-mail															

Type of Appeal:	<input type="checkbox"/> Loss of eligibility to receive financial aid	Indicate the academic year										
	<input type="checkbox"/> Academic dismissal											

Check (√) the academic term for which you are appealing.

<input type="checkbox"/> First semester	<input type="checkbox"/> Second semester	<input type="checkbox"/> Third trimester
<input type="checkbox"/> First trimester	<input type="checkbox"/> Second trimester	<input type="checkbox"/> Third quarter (bimester)
<input type="checkbox"/> First quarter (bimester)	<input type="checkbox"/> Second quarter (bimester)	<input type="checkbox"/> Fourth quarter (bimester)

Check (√) the circumstance(s) that prevented you from achieving satisfactory academic progress.

<input type="checkbox"/> Death of an immediate family member	<input type="checkbox"/> Personal illness or accident	<input type="checkbox"/> Other circumstances. Indicate:
<input type="checkbox"/> Loss of employment	<input type="checkbox"/> Military deployment	
<input type="checkbox"/> Relocation (moving)	<input type="checkbox"/> Illness or accident in immediate family	

Explain how the checked circumstance(s) affected your academic progress.

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Explain the adjustments you will make in order to successfully continue your studies.

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You must include your Academic Plan with this appeal. You should have discussed this plan with your academic advisor or a professional counselor. This plan must include the courses in which you will enroll during the coming terms and the grades you must earn in order to achieve the grade point average (GPA) required by your program of study and the 66.67% completion rate (pace) established in the Satisfactory Academic Policy for Graduate Programs. You must sign this form.

Date: \_\_\_\_\_ Student's signature: \_\_\_\_\_

**FOR USE BY THE APPEALS COMMITTEE**

Program of study:	General GPA required by the program of study:
	Completion rate / pace: earned credits/ attempted credits =

The student explained the reasons that prevented him from achieving satisfactory academic progress. <input type="checkbox"/> YES <input type="checkbox"/> NO	The student explained the changes in his circumstances that will allow him to achieve satisfactory academic progress. <input type="checkbox"/> YES <input type="checkbox"/> NO	The student presented an Academic Plan signed by the academic advisor or professional counselor. <input type="checkbox"/> YES <input type="checkbox"/> NO	The student will be able to achieve satisfactory academic progress if he complies with the Academic Plan. <input type="checkbox"/> YES <input type="checkbox"/> NO
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<input type="checkbox"/> Appeal granted:	<input type="checkbox"/> With financial aid <input type="checkbox"/> Without financial aid	Date	Month	Day	Year	<input type="checkbox"/> Appeal denied	Date	Month	Day	Year

**SIGNATURES OF THE COMMITTEE MEMBERS**

_____ Dean of Academic Affairs or representative	_____ Dean of Students or representative
_____ Director of Financial Aid or representative	_____ Professional Counselor

Apprised

\_\_\_\_\_  
Signature of the Chief Executive Officer

\_\_\_\_\_  
Date