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

# SATISFACTORY ACADEMIC PROGRESS POLICY

## APPEAL FORM

*Undergraduate 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: ☐ Loss of eligibility to receive financial aid ☐ Academic dismissal (suspension)

Indicate the academic year _____ - _____

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

☐ First semester ☐ Second semester
☐ First trimester ☐ Second trimester ☐ Third trimester
☐ First quarter (bimester) ☐ Second quarter (bimester) ☐ Third quarter (bimester) ☐ Fourth quarter (bimester)

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

☐ Death of an immediate family member ☐ Personal illness or accident ☐ Other circumstances. Indicate:
☐ Loss of employment ☐ Military deployment
☐ Relocation (moving) ☐ Illness or accident in immediate family

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

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

You must include your academic plan with this appeal. You should have discussed this plan with an 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 Undergraduate 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. | The student explained the changes in his circumstances that will enable him to achieve satisfactory academic progress. | The student presented an academic plan signed by the academic advisor or professional counselor. | The student will be able to achieve satisfactory academic progress if he complies with the academic plan. |
|---|---|---|---|
| ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO |

| ☐ Appeal granted | ☐ With financial aid ☐ Without financial aid | Date | Month | Day | Year | ☐ 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

Original - Registrar's Office | Copy - Student | Copy - Financial Aid | Copy - Guidance & Counseling | Copy - Dean of Academic Affairs