2014/15 Satisfactory Academic Progress (SAP) Appeal Application

Student Name: ___________________________________________  Eastern ID: _____________________

Please summarize below:

• the **extenuating circumstances** that contributed to your lack of Satisfactory Academic Progress,
• what has changed which will allow you to achieve SAP during the next academic term, and,
• attach **documentation to support your appeal** (i.e. letter from doctor, death certificate, etc.).

Extenuating Circumstances (continue on back or attach additional sheets as necessary):
__________________________________________________________________________________________
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What has changed:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Student Signature__________________________________________  Date: __________________

Do not write below this line

[ ] ADDIT INFO  Requested: ____________  Received: ____________  [ ] FALL  [ ] SPRING
[ ] ACAD PLAN  ________________  ________________  [ ] APPROVED  [ ] DENIED

GPA ____________  % Earned (Incl Transfer) ________________

Attempt (Incl Transfer) ____________  Earned (Incl Transfer) ________________
For Office Use Only:

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GPA ______________ % Earned (Incl Transfer) ______________ ____________________________________________

Attempt (Incl Transfer) ____________ Earned (Incl Transfer) ______________ ____________________________________________