2017/18 Satisfactory Academic Progress (SAP) Appeal Application

Name: __________________________ Eastern ID: __________________________
Phone Number: __________________________

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

It is very important to **attach** any relevant documentation to support your appeal (i.e. letter from doctor, death certificate, etc.). Lack of documentation could hold up the appeal process.

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

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) _____________
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For Office Use Only:

Prior History (Recent to Oldest)

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