

**Spring 2023**  
**Satisfactory Academic**  
**Progress (SAP) Appeal**  
**Priority Deadline: January 25, 2023\***

\*Completed appeal form and all required documentation must be received **no later than April 12, 2023.**

**ILLINOIS**  
**Office of Student Financial Aid**  
University of Illinois Urbana-Champaign  
620 East John Street - MC 303  
Champaign, IL 61820-5712  
Fax (217) 265-5516 Phone (217) 333-0100

The Office of Student Financial Aid has established an appeal process for students whose aid has been suspended due to the failure to meet Satisfactory Academic Progress requirements. **Submitting an appeal does not guarantee approval. If your appeal is not approved, you will remain ineligible for financial aid. Any previously awarded aid for spring 2023 will be cancelled and you will be responsible for your university charges.**

**Section A:** (please print)

|   |                                   |                              |                                  |
|---|-----------------------------------|------------------------------|----------------------------------|
| Dumitru   | Theodora                          | A                            | 660435171                        |
| Last Name   | First Name                        | M.I.                         | UIN                              |
| 630 Hermitage Dr                                  | Deerfield                         | IL                           | 60015                            |
| Current Local Address                             | City                              | State                        | Zip Code                         |
| ( 847 ) 7726567                                   |                                   |                              |                                  |
| Telephone   |                                   |                              |                                  |
| <input checked="" type="checkbox"/> Undergraduate | <input type="checkbox"/> Graduate | <input type="checkbox"/> Law | <input type="checkbox"/> Vet Med |
|   |                                   |                              | <input type="checkbox"/> Med     |


**Section B:**

Please explain why you were previously unable to meet Satisfactory Academic Progress requirements. Be specific as to what factors caused your academic difficulties. Reasons for a review of your record may include extenuating circumstances such as: medical issues, death in the family, or other family crisis. **You must submit documentation to support your particular situation (i.e. hospital bills, letter from doctor, obituary, etc.). Also, moving forward, indicate how you will improve your academic performance.** Outline the changes you might have made in your personal, social, or economic situation that will allow you to improve your future academic success. If more space is necessary than what is provided here, please include your personal statement on a separate attached page.

In the semester of Spring 2022, I had experienced a sudden, unexpected, and severe traumatic event (traumatic in both a physical as well as emotional sense.) It impacted my academic performance and as the medical intervention I needed had a long waitlist, I was not able to withdraw in time and due to that, many of my attempted credit hours were not completed. I had applied over the summer for a retroactive withdrawal so that these grades would not affect my GPA in a way unreflective of my effort and academic ability (all of my other semesters have strong performances and grades). Over the summer I also enrolled and completed an intensive inpatient medical and therapeutic treatment (once I had gotten off the waitlist) and I am certain I am recovered, as my most recent semester grades from Fall 2022 show.

**Section C:**

I certify that the information given on this form and on any attached pages is true and accurate.

|   |                  |            |
|---|------------------|------------|
|  | Theodora Dumitru | 01/06/2022 |
| Student's Signature (please provide a physical/actual signature)                    |                  | Date       |

**Completed appeals should be uploaded directly to UI-Integrate Self-Service.** For instructions on how to access and upload documents please visit <https://osfa.illinois.edu/DocumentUpload>. Be sure to include your name and UIN on all documents uploaded. After you have uploaded your documents, you may confirm receipt within 3 business days at <https://osfa.illinois.edu/process/checking-your-status>. If you have any questions, please visit our website [www.osfa.illinois.edu](http://www.osfa.illinois.edu), contact a member of our counseling staff at (217) 333-0100 or email [finaid@illinois.edu](mailto:finaid@illinois.edu). **Please do not email documents.**

**Section D:** (To be completed by your college Academic Advisor after section A, B and C are completed. You must review your academic plan with your Academic Advisor.)

This student is pursuing an appeal through the Office of Student Financial Aid regarding his/her Satisfactory Academic Progress (SAP). This form must be completed and the student's appeal must be reviewed before their eligibility for aid can be determined.

**In completing this form and discussing the student's academic improvement plan, please remember, financial aid SAP standards are not equal to College/Department progress standards.**

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|                   |                    |              |             |
|-------------------|--------------------|--------------|-------------|
| Student Last Name | Student First Name | Student M.I. | Student UIN |
|-------------------|--------------------|--------------|-------------|

|   |                                     |
|---|-------------------------------------|
| <b><u>Degree Audit Information</u></b>  | <b>(Please complete all fields)</b> |
| Current Primary Major/Minor   |                                     |
| Total hours required by College to complete the Degree  |                                     |
| Number of hours student is enrolled in for the semester   |                                     |
| Number of hours student still needs to graduate<br>( <b>not including current enrolled semester hours</b> ) |                                     |
| Anticipated Date of Graduation  |                                     |

I have reviewed the student's academic progress and am working on a plan of study with the student that, if followed, will allow him/her to successfully meet degree requirements. ☐ YES ☐ NO

If you feel there is additional information our office should be aware of as we review the student's appeal, please use the space below or attach a separate statement. Please feel free to include any additional information which could assist us in evaluating the student's appeal. If the student is approaching completion of their academic program, provide very detailed information about remaining degree requirements and needed timeframe for completion of these requirements

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|------------------------------|------|
| Academic Advisor's Signature | Date |
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|--|----------------|
| Academic Advisor's Name (please print) | E-mail Address |
|--|----------------|

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|  |                              |
|--|------------------------------|
| Academic Advisor's College or Department | (      )<br>Campus Telephone |
|--|------------------------------|