

FINANCIAL AID AND SCHOLARSHIPS

UNIVERSITY of CALIFORNIA • IRVINE

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Satisfactory Academic Progress Graduate Student Appeal Instructions

Upload this signed form to: uci.studentforms.com

You have been notified that you have not met the Satisfactory Academic Progress requirement to continue receiving financial aid. The Office of Financial Aid and Scholarships has an appeal process available to students who, due to extenuating circumstances, have been unable to meet the minimum academic requirements. The following is important information to consider when completing your request and the steps to submitting an appeal.

Circumstances we do consider: Extenuating circumstances may include, but are not limited to, prolonged illness or hospitalization, a death in the family or a change of major required by your academic department.

Circumstances we do not consider: Extenuating circumstances generally do not include a voluntary change of major, double majors, or participation in an off-campus program (such as EAP, Independent Programs, UCDC).

Term Deadlines to submit Appeal Requests:

Fall Term: November 11, 2022
Winter Term: February 17, 2023
Spring Term: May 12, 2023

You cannot apply retroactively for aid eligibility for a term that has ended.

If you submit your request prior to 30 days before the term settlement deadline, you should make arrangements (other than financial aid) to pay your own fees for the term.

Steps to completing your Appeal Request:

1. **Prepare your Appeal Request** – Indicate the nature of your appeal and include the reason(s) why you were unable to make academic progress. This information will assist the office in reviewing your situation and best determine the impact your extenuating circumstances may have had in completing your degree. Please submit any supporting documentation that would assist in evaluating your extenuating circumstances. This may include, but not be limited to, a statement from your physician or hospital records indicating your or your family member's illness or a death certificate or obituary for a family member.

Also, please explain how your situation has changed and would therefore prevent a re-occurrence.

2. **Schedule a Meeting with your Faculty Advisor** – Please make an appointment to meet with your advisor. (If you are considering switching majors, you may wish to first meet with an advisor from that other department before meeting with your current advisor.) Bring your proposed academic plan form with you to the meeting as well as a print-out of your "My Academic Status" webpage from the My Aid website.

3. **Create a Proposed Academic Plan with your Faculty Advisor** – At the meeting, create an academic plan with your advisor which is both realistic and achievable for you to complete. At the conclusion of the meeting, your advisor must complete his/her section of the form. You must also sign and date the plan that you agree to the terms.

(note: To assist you in this process, we include a worksheet with your plan that you and your advisor should use to determine which courses to take for each term of your proposed plan).

4. **Submit your Appeal Request and Proposed Academic Plan Form** - Make a copy of your appeal request, proposed academic plan and any supporting documents for your records before you submit. Upload your appeal materials to our office at: <https://uci.verifymyfafsa.com> .

Written notification of the decision will be sent to the address indicated on your Appeal Request form no later than 21 days after the appeal has been submitted. Appeal decisions are final and no subsequent review of the appeal will be permitted.

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Satisfactory Academic Progress Appeal Request

Student Name _____ UCI ID Number _____

Address _____

Phone Number _____ Email: _____

TERM FOR WHICH YOU ARE APPEALING:

- Fall 2022
- Winter 2023
- Spring 2023

DEFICIENCY OR DEFICIENCIES YOU ARE APPEALING: (CHECK ALL APPLICABLE)

- Cumulative GPA Below a 3.0
- Pace Completion Rate Below 66.6%
- Maximum Timeframe (maximum terms of financial aid eligibility used)

CURRENT MAJOR: _____

ANTICIPATED GRADUATION DATE: _____

Attach a signed statement that includes all of the following:

- a. The reason(s) for your appeal, including all pertinent facts.
- b. An explanation of how your situation has changed and a description of how you plan to make up your deficiency or deficiencies in order to prevent a re-occurrence.
- c. Include all relevant documentation to substantiate and verify the facts pertaining to your appeal.

Please consult pages one and two of this form for additional information about the appeals process.

I have read and understand the instructions pertaining to the satisfactory academic progress appeals process. I certify that the statements and information I am submitting regarding my appeal are accurate and correct. I understand that the decision rendered is final and no subsequent review will be permitted.

Student Signature _____

Date _____

Proposed Academic Plan for: _____ / _____
 (Student Name) (UCI ID Number)

Review with your Faculty Advisor:

Review any term requirements below which are being proposed to resolve each of your academic deficiencies. You and your advisor should agree upon a plan that resolves all deficiencies in as few terms as possible, while still remaining realistic and achievable for you to complete. If necessary, adjust the term requirements by entering new requirements beneath the proposed ones and/or entering requirements for additional terms.

GPA DEFICIENCY:								
<i>Minimum GPAs student must achieve by end of each term to reach a cumulative 3.0 GPA by the conclusion of the plan.</i>	Summer 2022		Fall 2022		Winter 2023		Spring 2023	
	Term GPA/Units	Cumulative GPA/Units	Term GPA/Units	Cumulative GPA/Units	Term GPA/Units	Cumulative GPA/Units	Term GPA/Units	Cumulative GPA/Units
	____ . ____	____ . ____	____ . ____	____ . ____	____ . ____	____ . ____	____ . ____	____ . ____
<i>(UNITS: Each term's GPA requirements are based on the stated number of units* the student must complete that term)</i>	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)
	____ . ____	____ . ____	____ . ____	____ . ____	____ . ____	____ . ____	____ . ____	____ . ____
	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)

* Please be aware that any units you earn for repeating a course will count toward your term unit total, but not your cumulative unit total.

ACADEMIC PACE DEFICIENCY:										
<i>Minimum number of units* student must complete by end of each term to raise Pace completion rate to at least 66.6%.</i>	Spring 2022**		Summer 2022		Fall 2022		Winter 2023		Spring 2023	
	Term Units	Cumulative Units	Term Units	Cumulative Units	Term Units	Cumulative Units	Term Units	Cumulative Units	Term Units	Cumulative Units
	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units
____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units

**Based on your completion of all units in which you are currently enrolled.

MAXIMUM TIMEFRAME:								
<i>Terms student needs to complete to meet degree requirements.</i>	Summer 2022		Fall 2022		Winter 2023		Spring 2023	
	<input type="checkbox"/>	Institutional Aid	<input type="checkbox"/>	Institutional Aid	<input type="checkbox"/>	Institutional Aid	<input type="checkbox"/>	Institutional Aid
	<input type="checkbox"/>	Federal Aid	<input type="checkbox"/>	Federal Aid	<input type="checkbox"/>	Federal Aid	<input type="checkbox"/>	Federal Aid
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I commit to the terms of the above academic plan as agreed upon with my advisor. I believe this plan is realistic and achievable for me to complete. I understand that failing to meet the requirements for any term included in my plan will render me ineligible for further financial aid, and I will be billed for any funds I have already received for the upcoming term.

Student Signature _____ **Date** _____

To be completed by your Advisor:

Comments: _____

I have reviewed the proposed academic plan and confirm that it is both realistic and achievable for the student to complete.

Faculty Advisor Signature _____ Extension _____ Date _____

Proposed Academic Plan for: _____ / _____
 (Student Name) (UCI ID Number)

GPA DEFICIENCY:									
<i>Minimum GPAs student must achieve by end of each term to reach a cumulative 3.0 GPA by the conclusion of the plan.</i> <i>(UNITS: Each term's GPA requirements are based on the stated number of units* the student must complete that term)</i>	Summer 2023		Fall 2023		Winter 2024		Spring 2024		
	Term GPA/Units	Cumulative GPA/Units	Term GPA/Units	Cumulative GPA/Units	Term GPA/Units	Cumulative GPA/Units	Term GPA/Units	Cumulative GPA/Units	
	____	____	____	____	____	____	____	____	____
	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)	____ (Units)

* Please be aware that any units you earn for repeating a course will count toward your term unit total, but not your cumulative unit total.

ACADEMIC PACE DEFICIENCY:											
<i>Minimum number of units* student must complete by end of each term to raise Pace completion rate to at least 66.6%.</i>	Spring 2022**		Summer 2023		Fall 2023		Winter 2024		Spring 2024		
	Term Units	Cumulative Units	Term Units	Cumulative Units	Term Units	Cumulative Units	Term Units	Cumulative Units	Term Units	Cumulative Units	
	____	____	____	____	____	____	____	____	____	____	____
	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units	____ Units

**Based on your completion of all units in which you are currently enrolled.

MAXIMUM TIMEFRAME:								
<i>Terms student needs to complete to meet degree requirements.</i>	Summer 2023		Fall 2023		Winter 2024		Spring 2024	
	<input type="checkbox"/>	Institutional Aid	<input type="checkbox"/>	Institutional Aid	<input type="checkbox"/>	Institutional Aid	<input type="checkbox"/>	Institutional Aid
	<input type="checkbox"/>	Federal Aid	<input type="checkbox"/>	Federal Aid	<input type="checkbox"/>	Federal Aid	<input type="checkbox"/>	Federal Aid

WORKSHEET FOR SATISFACTORY ACADEMIC PROGRESS PLAN

Complete this worksheet with your faculty advisor in order to devise a realistic and achievable academic plan – submit this worksheet along with your proposed academic plan to the Office of Financial Aid and Scholarships.

Summer Term 2022			Fall Term 2022		
Course Number	Course Title	Units	Course Number	Course Title	Units
Minimum GPA:			Minimum GPA:		
Winter Term 2023			Spring Term 2023		
Course Number	Course Title	Units	Course Number	Course Title	Units
Minimum GPA:			Minimum GPA:		
Summer Term 2023			Fall Term 2023		
Course Number	Course Title	Units	Course Number	Course Title	Units
Minimum GPA:			Minimum GPA:		

Student could complete degree requirements for the _____ major by the _____ term.

Plan approved by: _____ Date: _____
(name of faculty advisor)

Graduate Division: _____ Date: _____

Instructions for Calculating and Reporting Pace (if student has a Pace deficiency):

- Graduate students must complete at least 66.6% of their coursework each academic year.
- To calculate a student's Pace, divide the cumulative number of completed units by the cumulative number of attempted units.
 - For example, 30 completed units divided by 50 attempted units equals a Pace of 60%.
- When calculating how a future term's enrollment will affect a student's Pace, add the number of units of planned enrollment to both the cumulative completed units and attempted units.
 - For example, if a student plans to enroll in 12 units for an upcoming term, you would add 12 to the 30 completed units and 12 to the 50 attempted units, giving you 42/62 units, which equates to a Pace of 67.7%. So, if the student enrolls in and successfully completes 12 units in the upcoming term, the student will have successfully made up the Pace deficiency.

