

(SAPPET) Satisfactory Academic Progress Petition - Maximum Time

2023-2024

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: _____

USF ID: U _____ Date of Birth: _____ / _____ / _____
Month Day Year

IMPORTANT: Satisfactory Academic Progress (SAP) eligibility is not reinstated for a semester that has ended. Petitions are reviewed in the date order received within 10 business days, but may take longer between semesters, and at the beginning of a semester when volume is heavier. You will be sent written notice of the decision.

Instructions:

Attach all required information listed below, and submit it at the same time. Personal statements must be typed. The petition must not exceed 20 pages. Do not use a highlighter. Do not include pictures, X-rays, or other visual documents.

Incomplete petitions will be denied.

Petition Requirements:

- 1. Personal Statement of Extenuating Circumstances** - Provide concise, factual statements that describe extenuating circumstances, such as personal injury or illness, family emergency, death of a close relative (e.g. parent, sibling or grandparent), or other exceptional circumstances that occurred during specific individual semesters/terms of enrollment, across your entire academic history, in which you did not successfully pass all classes or which now require you to earn additional hours to obtain a degree. If you continually enrolled with an ongoing medical condition or personal circumstance, explain why you did not reduce your course load or stop attending to adjust to any personal limitations.
- 2. Personal Statement of what has changed** - Explain what has changed in your situation, and the steps you have taken to ensure that you will successfully complete all current and future classes.
- 3. Supporting Documentation** - Attach date specific documentation (**no pictures**), for both 1 and 2 above, that clearly documents each extenuating circumstance, and also documents changes and steps you have taken to ensure successful completion of all classes. Do not provide originals, or your only copy, as all information is imaged and the paper copy destroyed.

Examples of acceptable documentation include:

- A signed, dated statement on professional letterhead from a doctor or other licensed professional that confirms medical, legal, or other circumstances described in your personal statements, and whether these are now resolved.
 - A copy of a police report or court document that includes a date, and information specific to what happened.
 - A copy of a death certificate or funeral announcement that includes the date of death.
- 4. SAP Academic Plan (page 2 of this petition)** - Be sure the SAP Academic Plan is complete and signed by both you and your USF academic advisor. **Keep a copy of the plan for reference when registering for future terms because you must earn your degree within the credit hours indicated by your advisor if your petition is approved.**

USFAS Use Only:

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|------------|
| Date Stamp |
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Student's Name: _____ USF ID: U _____

SAP Academic Plan

TO BE COMPLETED BY STUDENT

Term of Petition: Fall 23 ___ Spring 24 ___ Summer 24 ___

Your Major: (as listed in OASIS) _____

- I understand that this is a one-time petition and if approved, no additional petitions will be considered.
- I will follow this academic plan as indicated below.
- I understand that the hours listed below are the exact number needed to complete my degree and do not include hours needed to satisfy any minors or dual majors.
- I understand that taking unnecessary courses could result in exhaustion of financial aid eligibility and having not obtained a degree.
- I understand that all classes must be taken at USF, and that I must pass all classes with no drops or incompletes or my aid eligibility will be terminated.

Student Signature

Date

TO BE COMPLETED BY ACADEMIC ADVISOR

Will the student graduate at the end of the term selected by the student above? ___Yes ___No

- Remaining credit hours needed to complete degree requirements: _____

Include only courses that satisfy the student's degree requirements listed in the catalog, excluding courses needed to satisfy any minors, dual majors and/or certifications, beginning with the term selected by the student above.

Advisor's Comments:

I certify that all course information listed is complete and required.

Academic Advisor Printed Name

Academic Advisor Signature

Date

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|-------------------------|
| <p>Department Stamp</p> |
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