

(SAPPET) Satisfactory Academic Progress Petition - Maximum Time

2024-2025

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: 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:

Your Personal Statements (cannot be provided by someone else and **must be typed**):

- 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 in which you did not successfully pass all classes. 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 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 (pages 2 & 3 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 follow it exactly if your petition is approved.**

OFA Use Only:

Date Stamp

2024-2025

Office of Financial Aid

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SAP Academic Plan (page 2)

TO BE COMPLETED BY STUDENT

Your Major: (as listed in Student Self-Service) _____

I will follow this academic plan exactly as listed below. I understand that failure to register for these courses as listed may result in loss of my financial aid eligibility, and that changes to an academic plan require a new petition and academic plan with an explanation of the need to change the plan. **I understand that all classes must be taken at USF, and that I must pass all classes with no drops or incompletes.**

_____ *Student Signature* _____ *Date*

TO BE COMPLETED BY ACADEMIC ADVISOR

Will the student graduate at the end of the current semester? _____ Yes _____ No

If yes, complete the current term section below, and then proceed to the signature section on page 3.

If no, complete the sections starting with the current semester, and list only courses that satisfy a degree requirement outlined in the catalog. **Current term courses must list actual classes in which the student is registered.**

	PREFIX	NUMBER	COURSE TITLE	CREDIT HOURS
Current Term				

	PREFIX	NUMBER	COURSE TITLE	CREDIT HOURS
Term				
Year				

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SAP Academic Plan (page 3)

	PREFIX	NUMBER	COURSE TITLE	CREDIT HOURS
Term				
Year				

	PREFIX	NUMBER	COURSE TITLE	CREDIT HOURS
Term				
Year				

	PREFIX	NUMBER	COURSE TITLE	CREDIT HOURS
Term				
Year				

Advisor's Comments:

I certify that the information provided is true and complete.

Academic Advisor Printed Name

Academic Advisor Signature

Date

Department Stamp (Not Needed if DocuSigned)

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2024-2025