



Inter American University of Puerto Rico
Office of the Dean of Academic Affairs

SATISFACTORY ACADEMIC PROGRESS POLICY

APPEAL FORM

Graduate Level

Identification Number				Father's Surname				Mother's Maiden Surname				Name		Initial	
Campus				Home address				Mailing Address							
Home Telephone															
Mobile Phone				E-mail											

Type of Appeal: Loss of eligibility to receive financial aid Academic dismissal

Indicate the academic year: _____

Check (√) the academic term for which you are appealing.

First semester Second semester
 First trimester Second trimester Third trimester
 First quarter (bimester) Second quarter (bimester) Third quarter (bimester) Fourth quarter (bimester)

Check (√) the circumstance(s) that prevented you from achieving satisfactory academic progress.

Death of an immediate family member Personal illness or accident Other circumstances. Indicate:
 Loss of employment Military deployment
 Relocation (moving) Illness or accident in immediate family

Explain how the checked circumstance(s) affected your academic progress.

Explain the adjustments you will make in order to successfully continue your studies.

You must include your Academic Plan with this appeal. You should have discussed this plan with your academic advisor or a professional counselor. This plan must include the courses in which you will enroll during the coming terms and the grades you must earn in order to achieve the grade point average (GPA) required by your program of study and the 66.67% completion rate (pace) established in the Satisfactory Academic Policy for Graduate Programs. You must sign this form.

Date: _____ Student's signature: _____

FOR USE BY THE APPEALS COMMITTEE

Program of study: _____

General GPA required by the program of study: _____

Completion rate / pace: earned credits/ attempted credits = _____

The student explained the reasons that prevented him from achieving satisfactory academic progress. <input type="checkbox"/> YES <input type="checkbox"/> NO	The student explained the changes in his circumstances that will allow him to achieve satisfactory academic progress. <input type="checkbox"/> YES <input type="checkbox"/> NO	The student presented an Academic Plan signed by the academic advisor or professional counselor. <input type="checkbox"/> YES <input type="checkbox"/> NO	The student will be able to achieve satisfactory academic progress if he complies with the Academic Plan. <input type="checkbox"/> YES <input type="checkbox"/> NO
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<input type="checkbox"/> Appeal granted: <input type="checkbox"/> With financial aid <input type="checkbox"/> Without financial aid	Date	Month	Day	Year	<input type="checkbox"/> Appeal denied	Date	Month	Day	Year
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SIGNATURES OF THE COMMITTEE MEMBERS

_____	_____
Dean of Academic Affairs or representative	Dean of Students or representative
_____	_____
Director of Financial Aid or representative	Professional Counselor

Apprised

Signature of the Chief Executive Officer

Date