

Student Name \_\_\_\_\_

PID \_\_\_\_\_

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## HEALTH SCIENCES FINANCIAL AID

### SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

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UC San Diego  
School of Medicine

UC San Diego  
Skaggs School of Pharmacy  
and Pharmaceutical Sciences

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Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas to be eligible for financial aid: quantitative standards, qualitative standards, and maximum timeframe. It is the student's responsibility to stay informed of UC San Diego Health Sciences Financial Aid SAP standards and to monitor their own progress. The full SAP policy is found here: [HS Financial Aid SAP](#)

#### **Extenuating or Mitigating Circumstances**

An appeal can be submitted if a student's failure to meet the Satisfactory Academic Progress requirements is due to events beyond their control. If such mitigating circumstances can be documented for the specific year(s) when the deficiencies occurred, the student may submit this completed SAP Appeal, along with all required documentation. Submission of the appeal does not guarantee approval, and students may be responsible for paying for their classes out of pocket.

#### **Supporting Documentation**

To confirm your extenuating circumstance(s), you must attach documentation from an objective third party (e.g. physician, counselor, social worker, teacher, religious leader, and academic advisor, UC San Diego Counseling CAPS). Documentation must be on official letterhead and verify that extenuating circumstances occurred during the timeframe referenced in your appeal. In cases of death of an immediate family member, provide a copy of the death certificate or obituary. Per federal guidelines, appeals without supporting documentation cannot be reviewed.

#### **Academic Plan**

Upon submission of this appeal with all supporting documentation, the appeal will be submitted to the appropriate Associate Dean to review the appeal and provide an approved academic plan that must be followed to maintain financial aid eligibility.

#### **Reinstatement of Aid**

The financial aid director or delegate will notify you of the decision by email to your official UC San Diego email account. If your appeal is approved, your financial aid is reinstated for the current term. If your appeal is denied, you may choose to apply for a private loan. All decisions are final and are not subject to further appeal.

## EXAMPLES OF EXTENUATING CIRCUMSTANCES AND SUGGESTED DOCUMENTATION

Extenuating Circumstance	Suggested Documentation
Medical/Psychological Circumstances	<ul style="list-style-type: none"><li>● Statement from physician or therapist on letterhead including dates of service and whether or not the student is stable and ready to return</li></ul>
Personal/Family Emergency	<ul style="list-style-type: none"><li>● Medical documentation or statement from physician on letterhead including dates of service</li><li>● Notarized statement from parent or family member</li><li>● Copy of Separation agreement or Divorce Decree</li></ul>
Death of Family Member	<ul style="list-style-type: none"><li>● Statement of relationship between the student and the deceased along with an obituary, funeral program, or certified death certificate</li></ul>
Serious Automobile Accident	<ul style="list-style-type: none"><li>● Copy of police report or court/legal documentation</li><li>● Medical documentation or statement from physician on letterhead including dates of service</li><li>● Documentation from repair company indicating seriousness of accident</li></ul>
Military Service/Deployment	<ul style="list-style-type: none"><li>● Military orders showing dates of deployment, training, or service</li></ul>

### STUDENT STATEMENT OF APPEAL

All appeals must include a detailed description of extenuating circumstances during the year in which you did not meet SAP standards. All documentation should include the student's name and should correlate to the specific period of time during which your academic performance failed to meet UC San Diego Health Sciences financial aid minimum standards for Satisfactory Academic Progress.

Please describe, in detail, the unique and extenuating circumstances under which you were unable to fulfill the requirements of the SAP policy for Financial Aid eligibility.

List the steps you intend to take to improve your academic performance and prevent future issues with academic performance. What has changed that will make it possible for you to meet SAP standards by the end of the academic year and throughout the remainder of your degree program.

**\*Do not forget to attach supporting documentation. Do not e-mail any sensitive documentation.**

By signing this form I certify that all information and documentation is authentic, accurate and considered complete, and will be reviewed as such. Additionally, I understand that the financial aid office reserves the right to request additional documentation before rendering a final decision.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form to:     John Benefield  
  Health Sciences Financial Aid Director  
  9500 Gilman Drive, #0606  
  La Jolla, CA 92093-0606

**Academic Plan from Associate Dean or Delegate**

For Office Use Only

**Academic Plan**

Associate Dean or Delegate signature: \_\_\_\_\_

Date: \_\_\_\_\_

Decision: \_\_\_\_\_

FAO Signature: \_\_\_\_\_

Date: \_\_\_\_\_