

Student's Name	Student's Simmons ID

PART 1: SUBMIT THIS FORM AND A LETTER OF APPEAL TO YOUR ACADEMIC ADVISOR

Your letter should address the following:

- What caused your work at Simmons to fall below Satisfactory Academic Standards (injury, illness, death of a relative, or other special circumstances)?
- Explain what has/will change that will allow you to make Satisfactory Academic Progress at the next evaluation period.

Note: Think carefully and be specific. Your appeal should be typed and not more than 2 pages. If you have supporting documentation, please submit it with this form.

PART 2: REVIEW AND DISCUSS THE FOLLOWING ACADEMIC PLAN WITH YOUR ADVISOR

To fulfill your academic plan, in the next term, you must:

- Achieve a grade point average of at least 3.0 (A higher GPA may be necessary to reach good standing.)
- Limit withdrawals in order to maintain at least 50% overall pace (attempted vs. completed credits)

This academic plan will remain in effect until either:

Program Director Signature ____

• You meet Satisfactory Academic Progress (SAP) requirements; OR

 Your enrollment exceeds the maxim You fail to meet the terms of the plan 	um timeframe allowed for your degree program; OR n.
PART 3: AGREE TO THE CONDITIONS OF	YOUR APPEAL AND ACADEMIC PLAN TO REACH SAP
I agree to consult with my Academ	ic Advisor/Program Director regarding my SAP academic plan
I agree to follow the suggestions ar	nd recommendations discussed with my Academic Advisor/Program Director
I agree to the targets established in	the plan above and any additional requirements set by my program
	y to follow this SAP academic plan. Failure to either follow this plan or .P) requirements will result in the loss of my financial aid eligibility.
Student Signature	Date
·	ent's ability to progress toward their degree? ssed with the student to improve their academic performance?
Check ONE of the following and sign believed	
This appeal is approved. I have me should allow the student to attain the plan reflects realistic and attainable	t with this student and discussed this academic plan; which if followed, ne academic standing required for Simmons graduation requirements. The goals.
This appeal is denied. I do not belie have determined they do not qualify	eve this student can reasonably meet the terms of this academic plan and/or y for an appeal.
Academic Advisor Name:	Academic Advisor Email:
Academic Advisor Signature	Date
I have discussed this appeal with and sup	pport the decision of the above Academic Advisor.
Program Director Name:	Program Director Email:

Date___