



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

SATISFACTORY ACADEMIC PROGRESS POLICY

APPEAL FORM

Undergraduate 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 (suspension) Indicate the academic year: - - - - - - - - - -

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

First semester Second semester Third trimester
 First trimester Second trimester Third quarter (bimester)
 First quarter (bimester) Second 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 afore 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 an 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 Undergraduate 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 enable 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