



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

SATISFACTORY ACADEMIC PROGRESS POLICY

APPEAL FORM
Technical Certificates Program

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

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

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

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 Agreement with this appeal. You should have discussed this plan with the director of technical certificates program 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 Technical Certificates 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 Agreement signed by the director of technical certificates program 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 Agreement. <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 <table border="1" style="margin:auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>Month</td><td>Day</td><td>Year</td></tr> </table>				Month	Day	Year	<input type="checkbox"/> Appeal denied	Date <table border="1" style="margin:auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>Month</td><td>Day</td><td>Year</td></tr> </table>				Month	Day	Year
Month	Day	Year														
Month	Day	Year														

SIGNATURES OF THE COMMITTEE MEMBERS

_____ Dean of Academic Affairs or representative	_____ Director of Technical Certificates Program
_____ Director of Financial Aid or representative	_____ Professional Counselor
_____ Date	