



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: <input type="checkbox"/> Loss of eligibility to receive financial aid <input type="checkbox"/> Academic dismissal | Indicate the academic year | |
|--|----------------------------|--|

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

| | | |
|---|--|--|
| <input type="checkbox"/> First semester | <input type="checkbox"/> Second semester | <input type="checkbox"/> Third trimester |
| <input type="checkbox"/> First trimester | <input type="checkbox"/> Second trimester | <input type="checkbox"/> Third quarter (bimester) |
| <input type="checkbox"/> First quarter (bimester) | <input type="checkbox"/> Second quarter (bimester) | <input type="checkbox"/> Fourth quarter (bimester) |

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

| | | |
|--|--|---|
| <input type="checkbox"/> Death of an immediate family member | <input type="checkbox"/> Personal illness or accident | <input type="checkbox"/> Other circumstances. Indicate: |
| <input type="checkbox"/> Loss of employment | <input type="checkbox"/> Military deployment | |
| <input type="checkbox"/> Relocation (moving) | <input type="checkbox"/> 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 |
|---|---|--|---|

| | | | | | | | | | | |
|--|---|------|-------|-----|------|--|------|-------|-----|------|
| <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 |
|--|---|------|-------|-----|------|--|------|-------|-----|------|

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