

Academic Censure/Satisfactory Academic Progress Appeal: Health Sciences Professional

Purpose: Used by Health Sciences Professional students who wish to appeal academic dismissal and/or failure to maintain Satisfactory Academic Progress (SAP) for financial aid eligibility.

Student Instructions:

1. Complete Sections 1 & 2 of this form using a computer.
 - a. a handwritten form will not be accepted
 - b. an incomplete form will not be processed and returned to you for completion.
2. Provide a brief summary of the extenuating circumstances you indicated in 3a to help the appeal committee understand the impacts on your academic performance.
3. Print the form using the Print Form button.
4. If circumstances are sensitive in nature, you are not required to disclose those details. If you are receiving support from an office or program at Marquette University in circumstances (e.g. Title IX, MUPD, etc.), you are encouraged but not required to share the name of the office or program.
5. Type answers to the questions in Section 3 in a separate document.
6. Sign the form in Section 4, a digital signature is preferred. If you do not have a digital signature, you may sign the form in Section 4 by the deadline in the notification you received from your college and/or the Office of Student Financial Aid. Note: strategies you will utilize that will allow you to be academically successful. Be specific and provide justification for each strategy. Strategies might be academic in nature, such as a commitment to spend a set number of hours per class studying each week or non-academic such as a commitment to seek mental health counseling; reducing employment commitments; changing living situation, etc.

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Section 1: Student Information

MUID _____

Email _____

Degree Program _____

Required to Withdraw for Academic Reasons

Satisfactory Academic Progress ONLY (SAP), student is eligible to remain enrolled, but is ineligible for financial aid.

Section 4: Student Statement/Signature

I hereby request reinstatement to the university and to the College of Health Sciences Professional after my academic censure, if applicable, and/or of my financial aid eligibility (SAP). I understand the College of Health Sciences Professional has the final decision in all academic censure and/or SAP appeals. I also understand and agree that I am bound by the credit/GPA conditions applied to me in the college academic plan, created specifically for me, and that I must comply with all of these conditions; or, I will again be subject to academic censure and/or made ineligible for financial aid.

Student's Signature _____

Date _____