



GRADUATE SATISFACTORY ACADEMIC APPEAL

Specify Academic Year:

1. STUDENT INFORMATION

Last Name

First Name

Student Identification Number

2. STATEMENTS

IF YOU HAVE EXCEEDED NORMATIVE TIME TOWARD COMPLETING YOUR DEGREE, EXPLAIN CIRCUMSTANCES THAT CAUSED THE NEED FOR ADDITIONAL QUARTERS (E.G., CHANGE IN PROJECT, ILLNESS, DEATH IN FAMILY). PROVIDE YOUR EXPECTED DATE OF GRADUATION.

IF YOUR LACK OF SATISFACTORY ACADEMIC PROGRESS IS DUE TO AN OVERALL GPA LESS THAN 3.00, PLEASE EXPLAIN.

IT IS ALSO CRITICAL TO EXPLAIN WHAT CHANGES YOU HAVE MADE TO ENSURE YOUR ACADEMIC SUCCESS IN THE COMING YEAR.

3. CERTIFICATION AND SIGNATURE

Sign and date this form below then take it to your graduate advisor, **as soon as possible**, for review and approval. If your advisor approves your appeal, return it to the Financial Aid Office so that your aid may be released to you.

Student Signature

Date

ACADEMIC ADVISOR: PLEASE REVIEW THIS STUDENT’S APPEAL ABOVE, AND INDICATE ACTION TAKEN BELOW.

I approve this appeal.

I disapprove this satisfactory academic progress appeal.

Comments (optional): _____

Advisor or Designee Name

Signature

Date

Print, sign and email as a PDF form to finaid@ucr.edu. Processing timelines apply.