



Satisfactory Academic Progress Appeal: School of Dentistry

Student Instructions:

- Complete Sections 1 & 2 of this form using a computer.
 - A handwritten form will **not** be accepted.
 - An incomplete form will not be processed and returned to you for completion.
- Print the form using the 'Print Form' button.
- Type answers to the questions in Section 3 in a separate document.
- Sign the form in Section 4; a digital signature is **not** acceptable.
- Submit the signed appeal form, the document from Section 3 and any supporting documentation to the School of Dentistry by the deadline in the notification you received.

School of Dentistry Instructions:

- Make a determination in Section 5 and then notify student.
- Return the completed and signed appeal form, the Academic Plan spreadsheet, the student's document from Section 3 and any supporting documentation provided by the student to the Office of the Registrar via ImageNow.

Section 1: Student Information

Name _____ MUID _____

Email _____ @marquette.edu

Phone _____

Section 2: Appeal Term

I wish to appeal my SAP decision for Fall Spring Summer _____ Year

Section 3: Type your answers to the following questions in a separate document and submit it with this form.

a. Indicate the type(s) of extenuating circumstances that prevented you from being academically successful during the term indicated above. Extenuating circumstances must be non-academic in nature. Please check all that apply.

Diagnosed medical condition(s) Family circumstances Interpersonal problems Death of a loved one

Military Service Loss of residence Legal Issues Work-related issue(s)

Other (please describe) _____

b. Provide a brief summary of the extenuating circumstances you indicated in 4a to help the appeal committee understand the impacts on your academic performance. If your 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 relation to the circumstances (e.g., Title IX, MUPD, etc.), you are encouraged but not required to share the name of the office or program.

c. What measures within your control have you taken or will you take to achieve and maintain satisfactory academic progress moving forward? These measures may include the 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 situations, etc.

Section 4: Student Statement/Signature

Student's Signature _____ Date _____

Section 5: Academic Dean/Designee

Based on the evaluation of the above appeal and the student's academic record, I

Recommend SAP reinstatement Do not recommend SAP reinstatement

In addition, attached is the Office of Student Financial Aid Academic Plan spreadsheet outlining the conditions/restrictions of this reinstatement for the above named student.

Name and title _____

Signature of Dean/Designee _____

Date _____