**SATISFACTORY ACADEMIC PROGRESS APPEAL/**

**ACADEMIC RECOVERY PLAN**

Our records indicate that you failed to maintain Satisfactory Academic Progress (SAP) toward your program. Saybrook University upholds Satisfactory Academic Progress requirements for all matriculated students. For details about current SAP standards, please see the current *Academic Catalog & Student Handbook*.

**It is YOUR responsibility to ensure this form is submitted to the Registrar’s Office prior to the start of the following semester. Failure to submit an Academic Recovery Plan by this deadline can result in ineligibility for federal financial aid and administrative withdrawal.**

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| **SECTION I: STUDENT INFORMATION** (To be completed by the student) | |
| Name: | Program: |
| Saybrook Email: | Student ID: |
| Preferred Phone: | Department Chair Name: |
| Current Academic Standing: | |

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| **SECTION II: History** |
| **Circumstances you feel contributed to unsatisfactory academic performance last semester**: |
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| **SECTION III: Future Plans** |
| **Explain what changes you have made/will make that will remediate the issues that have contributed to your current SAP status** |
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| **SECTION III: REGISTRATION PLANS** |
| **Please outline your plans to meet all SAP requirements. You may Copy/Paste the information from your Pace Worksheet:** |
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| **SECTION IV: ADVISING GUIDELINES (To be completed by the Department Chair)** |
| **Required actions/conditions of continued enrollment:** |
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| **SECTION V: STUDENT ACKNOWLEDGMENT (To be completed by the Student)** | | | |
| By signing this document, I agree to the terms outlined in this Academic Recovery Plan. I understand that my financial aid eligibility and my academic success at Saybrook is dependent upon meeting all SAP standards. Failure to meet all requirements as outlined in this ARP may result in loss of Financial Aid and/or Academic Dismissal. | | | |
| Student Signature: | | | Date: |
| Department Chair Signature: | | | Date: |
| College Dean Signature: | | | Date: |
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| Registrar Initials: | Date Received: | Date Processed: | |
| Additional Comments: | | | |
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