



**Inter American University of Puerto Rico**  
Office of the Dean of Academic Affairs

**SATISFACTORY ACADEMIC PROGRESS POLICY**

**APPEAL FORM**

*Undergraduate 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:  Loss of eligibility to receive financial aid  
 Academic dismissal (suspension)

Indicate the academic year: \_\_\_\_\_ - \_\_\_\_\_

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

First semester       Second semester  
 First trimester       Second trimester       Third trimester  
 First quarter (bimester)       Second quarter (bimester)       Third quarter (bimester)       Fourth quarter (bimester)

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

Death of an immediate family member       Personal illness or accident       Other circumstances. Indicate: \_\_\_\_\_  
 Loss of employment       Military deployment  
 Relocation (moving)       Illness or accident in immediate family

Explain how the afore 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 an 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 Undergraduate 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 enable 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
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<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
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**SIGNATURES OF THE COMMITTEE MEMBERS**

_____ Dean of Academic Affairs or representative	_____ Dean of Students or representative
_____ Director of Financial Aid or representative	_____ Professional Counselor

Appraised \_\_\_\_\_

Signature of the Chief Executive Officer \_\_\_\_\_ Date \_\_\_\_\_