UNITED TRIBES®
TECHNICAL COLLEGE

OFFICE OF FINANCIAL AID

3315 University Drive | Bismarck, ND 58504
financialaid@uttc.edu
Phone: 701-2211852
Fax: 701-530-0611
Secure File Drop: https://sendfiles.uttc.edu/filedrop/FinancialAid

SAP (Satisfactory Academic Progress)
Appeal for Financial Aid Reinstatement

Name: _____**Student ID#:**_____

Current Address: _____**City**_____**State**____**Zip**_____

Phone: _____

The term in which you wish to return (circle one): FALL SPRING SUMMER   YEAR: _____

Please check which reason/s why you are appealing your financial aid:

□ Failure to successfully obtain a minimum 2.0 GPA and/or earn at least 67% of credits attempted for the **term**.(GPA)
□ Failure to successfully obtain a minimum 2.0 GPA and/or earn at least 67% of credits attempted for **career** (Pace)
□ Have attempted 150% or more of the required number of credits for my degree plan (Maximum Time Frame)
Please answer the two questions below on a separate sheet of paper. You will want to be specific and provide documentation if necessary.

1. What circumstance prevented you from completing the term successfully?

2. What have you done or what changes have occurred so that the circumstances described will not hinder your progress in future terms?

Please attach the following documentation, along with this form and your letter and return to the Financial Aid office.
   □ SAP Appeal Form
   □ Explanation letter answering two questions above, please be specific
   □ Supporting documentation to support your explanation.
   □ Academic Plan from your Advisor (if exceed maximum time frame).

I personally certify under penalty of perjury that the foregoing and accompanying documentation is true and correct. I understand that the appeal will not be reviewed until supporting documentation is received or if the appeal is incomplete. Appeals must be turned in by the posted deadlines or my potential aid will be forfeited. Award packaging for appeals is subject to change.

Student Signature _____**Date:** _____
OFFICE USE ONLY*******************************
Approved_____ **Comments**_____

Denied _____ **Reason**_____

_____

Evaluator: _____ **Date:** _____/_____/_____ **AID-YEAR:** _____