

Name: _____ **Student ID:** _____

Email: _____ **Phone:** _____

Term you are requesting a waiver appeal: _____ **Date:** _____

Effective fall 2014 continued receipt of exemptions or waivers is contingent on a student maintaining a grade point average (GPA) that satisfies the institution's grade point average requirement for making satisfactory academic progress toward a degree. For more information please see Texas Education Code § 54.2001 at <http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.54.htm#54.2001>.

Waiver Appeal Procedure

Waiver recipients who are not meeting Satisfactory Academic Progress (SAP) GPA for financial aid eligibility or Excessive Hours standards and feel there are extenuating circumstances may appeal to have the waiver eligibility reestablished by completing this form. Verification of mitigating circumstances (i.e., Doctor's statement, copy of death certificate, etc.) showing the reason you fell below the standards and what has changed in your situation that will allow you to improve and sustain these requirements in the future must be attached for your appeal to be considered. Please return completed form and supporting documentation to Student Accounts, Davis Hall Room 130, UTA Box 19649, Arlington, TX 76019-0649 or fax to 817-272-2333, or you may email studentaccounts@uta.edu.

General Information

The SAP GPA standards required to maintain waiver eligibility are listed below and can be found at <http://www.uta.edu/fao/policies/sap-2015-16.php>.

A student must maintain a minimum cumulative grade point average (GPA) at UT Arlington to remain academically eligible to register for the subsequent term or session. The minimum average required is shown in the Table of Academic Standards.

TABLE OF ACADEMIC STANDARDS

Total Semesters Completed at UTA	Minimum Cumulative GPA
2 semesters	1.8
3 semesters	1.9
4 semesters	2.0
Graduate for all terms completed at UTA	3.0

The Excessive Hours policy that must be satisfied to maintain continued waiver eligibility can be found at http://web.uta.edu/aao/recordsandregistration/content/student_services/excessive_hours.aspx.

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

Student's Appeal

I affirm that I have read the above policies and the appeal process for students who are not in compliance with the policy. I accept my responsibility as a student at UT Arlington to understand the above policies and to take action to meet the standards set forth in the policies. I understand that the information I am submitting on the appeal form along with the attached documentation and information provided by me and in any interviews related to the appeal process are for the sole purpose of making a decision to approve or deny this or any subsequent waiver appeal.

I feel the following mitigating circumstances placed me in such a category. I understand that required explanation and documentation must be provided or waiver appeal will be denied. I have attached additional sheets as necessary.

The following change(s) have occurred that should allow me to meet the SAP/Excessive Hours policies in future terms:

Student Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Appeal: Approved Denied

Comments:

Evaluator: _____

Date: _____