

Satisfactory Academic Progress (SAP) Appeal

Request to Change Current Approved Plan

Student Information

Use BLACK or BLUE ink only

Student Name

Student ID

Student Phone Number

This form is for students who have a SAP academic plan but have a need to change their plan. This could be due to wanting to take fewer credits than the original plan, or desiring to take classes in a semester that was not previously included. You may review [Boise State's SAP policy on our website](#).

Submission deadline to request a change in your current plan

- **Fall and Spring:** 10th day of classes for the semester you are appealing for
- **Summer:** June 15

SAP Plan you are requesting to update: (select one)

☐ GPA

☐ PACE

Processing

Please submit your request form to the Financial Aid and Scholarships Office by the stated deadline. It can take up to 3 weeks to receive a decision to your BroncoMail, from the date our office marks it as received.

Directions and Understanding of Request

Please complete this chart with the new terms and or credits you plan to take. Be aware, your plan can still not exceed 4 terms (2 terms if you are a graduate student). **Therefore, if you have already attended terms after your plan was approved, our office will only re-evaluate the remaining number of future terms you have left.**

If your requested changes result in you not being able to mathematically meet the SAP standards within the allowable 4 terms (2 for graduate students), your request will be denied. You can still take the courses during a non-approved term or at a lower credit amount than indicated if your request is denied. You will not receive aid for that time period and fail the requirements of your current plan. Your account will be placed back on a SAP hold and may need to submit a new appeal. You will also be expected to complete and pass those credits within your plan guidelines or be removed from your future SAP plan.

Semesters you plan to attend	Semester and Year (Ex: Fall 2024)	Number of credits you plan to take
1		
2		
3		
4		

SIGNATURE CERTIFICATION: By signing below, I certify the information on this form is accurate to the best of my knowledge. If my circumstances change, I will inform the Financial Aid Office. I also agree to provide further documentation, if requested by the Financial Aid Office.

Student Signature (Handwritten or Stylus Required – typed will not be accepted)

Date