



Office Use Only
WAPPL#

Waiver/Exemption Appeal Form

Student Name _____ LU ID _____

Term	Priority Deadline:	Final Deadline:
Fall	August 1 st	November 20th
Spring	January 5 th	April 20th
Summer	May 25 th	July 20th

Under Texas Senate Bill 1210, graduate and undergraduate students receiving certain waivers/exemptions are required to meet the university's financial aid GPA minimum for Satisfactory Academic Progress (2.0- undergraduate, 3.0- graduate). Also, undergraduate students must not have completed a number of credit hours that is considered to be excessive as outlined in Texas Education Code 54.014. After review, it has been determined that either your GPA is below the requirement and/or you have excessive credit hours. Due to this, your waiver/exemption has been suspended. You have the opportunity to appeal this suspension by completing the Waiver/Exemption Appeal process. To appeal the suspension of your waiver/exemption, please complete the steps below. Submit your appeal by the priority deadline to ensure it is reviewed prior to the semester purge date. Appeals submitted after the priority deadline may take up to 3 weeks for review. If the deadline falls on a weekend or holiday, you must submit no later than the following business day. You are responsible for meeting any payment deadlines while waiting on the decision of an appeal.

Step 1: Select the semester for which you are submitting your appeal. Please select only ONE.

☐ Fall (August-December) ☐ Spring (January-May) ☐ Summer (June-August)

Step 2: Please select which extenuating circumstance prevented you from meeting Satisfactory Academic Progress (SAP) standards.

☐ Injury or illness to you ☐ Death of an immediate relative
☐ Circumstances beyond your control ☐ Second/subsequent degree

Step 3: Submit the following in addition to this worksheet. Incomplete appeals will be denied.

1. A typed statement that includes; (1) What specifically happened that prevented you from meeting the required SAP standard? **AND** (2) What has changed that will allow you to make satisfactory progress at your next evaluation?
2. Documentation or evidence of your extenuating circumstances (i.e.: letter from physician, counselor, therapist, academic advisor, hospital documentation, etc.)
3. Outline an action plan to improve your academic performance including details of how you plan to earn the credits/grades necessary to make SAP. Attach documentation (i.e.: schedule of classes, tutoring/study plan, and/or work, change of major, letter from academic advisor/faculty members, etc.)



Office Use Only
WAPPL#

Student Name _____ LU ID _____

Step 4: If you are appealing because of excessive hours, have your Academic Advisor complete the certification of remaining coursework section down below.

Step 5: Student Certification and Signature: By signing below, I certify that the information contained in my appeal is true. I have read the [Satisfactory Academic Progress policy](#) and am aware of what is expected of me if my appeal is approved as well as what is required to regain eligibility if my appeal is denied.

Student Signature _____ Date _____

Certification of Remaining Coursework Required for Degree Completion

This section is only required if you are appealing due to excessive hours.

Your academic advisor must fill out the following degree plan of courses that are LEFT for you to complete. Be advised – If your appeal is approved, only the courses listed on this plan will be funded. Any other courses (i.e. leveling courses, courses taken to improve GPA, courses taken for personal gain) will not be funded and you will violate the appeal conditions. If more courses are needed than the allotted space below then you may also submit a degree audit plan signed by your advisor that clearly lists the remaining coursework.

Major:		Expected Semester of Completion:	
Course # and Name	SEMESTER Intended	Course # and Name	SEMESTER Intended
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

Academic Advisor Certification and Signature

By signing below, I certify that the information provided on this form is accurate to the best of my knowledge and that the student referenced above is required to complete the courses listed on this form for completion of his/her degree program. I understand that the courses listed must be in the student's degree audit as a required course for the student to be eligible to receive financial aid.

Advisors Name: _____ Date of completion: _____

Advisor Signature: _____ Office Phone: _____