



MISSISSIPPI UNIVERSITY for WOMEN
APPEAL-----MAX HOURS ATTEMPTED
SATISFACTORY ACADEMIC PROGRESS

Name: _____ MUW ID #: _____
Last First M.

Address: _____ Phone _____ Email: _____

Semester and Year requesting: _____

MUW has established a Satisfactory Academic Progress (SAP) policy that includes a “maximum hours attempted” standard. Students who exceed the maximum hours policy will lose eligibility for aid. If there were mitigating or special circumstances that led to the failure to graduate within the allotted time, an appeal may be filed.

MUW’s Financial Aid Appeals Committee will take into account any **documented special or extenuating circumstances** such as an injury or serious illness, change of major, graduation from one undergraduate program, military activation, death of a relative or close family member, etc. The failure to study, failure to attend classes, job interference, etc., are not mitigating circumstances.

A “degree audit plan” from the Registrar’s office must be submitted along with any appeal and other documentation. Financial aid will be provided ONLY for those courses on this plan—no repeats or substitutions.

If this appeal is approved, aid eligibility will be extended for one probationary semester at a time. Students granted this approval may re-submit a follow up appeal for continued aid after grades are reported at the end of the approved probationary semester. Students failing to make progress toward graduating within the approved time will be denied additional approval. Students who do not understand this process should speak with a Financial Aid Counselor.

In the space below, **provide an explanation of circumstances leading to your problem** -- include dates of changes in program, etc.

How many semesters do you need to graduate in the shortest time period?

*****Attach additional explanation pages as needed and/or documentation to confirm circumstances.**

I declare that the foregoing is true and correct. A “degree audit plan” signed by my advisor is attached.

Signature

Date

For office use only: Approved _____ Disapproved _____ Initials _____ Date _____