



UNIVERSITY of MARYLAND  
EASTERN SHORE

CENTER FOR ACCESS & ACADEMIC SUCCESS & OFFICE OF STUDENT FINANCIAL AID  
Satisfactory Academic Progress (SAP)  
Appeal Plan Agreement

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Major: \_\_\_\_\_

(Circle One) Spring: Year: 20\_\_\_\_ Fall: Year: 20\_\_\_\_ Cumulative GPA: \_\_\_\_\_ # of Credits Earned: \_\_\_\_\_

**Satisfactory Academic Progress Standards**

The Satisfactory Academic Progress Policy is available on the financial aid website:  
<http://www.umes.edu/FinancialAid/SAP/>

Student academic progress is reviewed at the end of each semester.

- Qualitative measure: Student’s Cumulative Grade Point Average (GPA) must be 2.0 or greater.
- Quantitative measure: Students must successfully complete 66.67% of all classes they attempt. (66.67% Rule – Earned hours ÷ Attempted Hours)
- Maximum Time Frame: Students are allowed to attempt no more than 150% of the classes required to earn a specific degree or credential.  
Example: If completing the degree requires 120 credit hours, the attempted credit hours must be 180 or less (120 credits x 150% = 180 credits)
- **Pace Progression:** *Students must meet or prove they will be able to meet both the qualitative and quantitative measures at a pace that insures graduation prior to reaching the Maximum Time Frame threshold also referred to as “on track” to graduate. Students who cannot meet this requirement will not be approved.*

**If you are BELOW THE MINIMUM GPA and/or BELOW THE 66.67% PACE of progression OR if you are EXCEEDING the 150% TIME FRAME - Complete this section:**

YOU MUST submit these documents to the Center for Access and Academic Success (CAAS) for review:

1. You must submit your completed Satisfactory Academic Progress (SAP) Appeal Agreement & Academic Improvement Plan form.
2. You must submit a copy of your SAP Letter of Appeal and any necessary supporting documentation (medical documentation etc.).
3. You must submit an updated Degree Audit from HawkWeb or the Registrar’s Office. The Degree Audit must indicate what courses are needed to graduate and when you will take them.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Responsibilities: (You must initial each line)**

- I agree to register for the classes I selected with the guidance of my academic advisor and as outlined in my Academic Improvement Plan, provided I am eligible to continue at UMES.
- I agree to contact my academic advisor immediately if I need to revise my Academic Improvement Plan.
- I agree to attend classes beginning with the first class of the semester.
- I agree to devote at least 2 to 3 hours of study time for every 1 hour of class time.
- I agree to use all CAAS and Writing Center services including tutoring, supplemental instruction, study skills workshops and counseling, as appropriate. I also agree to contact my instructor or my academic advisor if I am experiencing difficulty in classes.
- I understand that I have the responsibility to meet with my advisor throughout the semester to review my progress, and discuss any problems that arise.
- I understand that I must pass all of the courses that I have registered for under the guidance of my Academic Advisor, and that **I cannot receive a W, I or F in any courses without penalty.**

**I understand that I have the responsibility to uphold my responsibilities listed in this agreement and agree to follow the Academic Improvement Plan that has been approved by a CAAS Academic Coordinator. Failure to not meet Financial Aid Satisfactory Academic Progress (SAP) requirements may result in the withdrawal of my financial aid eligibility.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**I approve this SAP agreement and Academic Improvement Plan, which, if followed, may allow the student to attain academic standing acceptable toward UMES' financial aid and graduation requirements.**

Terms to achieve 2.0 UG, 3.0 GRAD GPA/66.67% pace: \_\_\_\_\_ (Semester(s), Year(s))

Graduation expected: \_\_\_\_\_ (Semester, Year)

Comments: \_\_\_\_\_

Financial Aid Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_



CENTER FOR ACCESS & ACADEMIC SUCCESS & OFFICE OF STUDENT FINANCIAL AID  
Academic Improvement Plan

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Major: \_\_\_\_\_

(Circle One) Spring: Year: 20\_\_\_\_ Fall: Year: 20\_\_\_\_ Cumulative GPA: \_\_\_\_\_ # of Credits Earned: \_\_\_\_\_

Courses in which you received a letter grade of D, F, W and/or I's

Course	Grade	Semester	Course	Grade	Semester
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Write a brief statement explaining your SAP/Academic Performance challenges (i.e. D's F's W's and/or I's).

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Explain the actions you will take when meeting future challenges to ensure your academic success:

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What factors may impact your academic success? Check all that apply:

- Lack of family support
- Personal health concerns
- Job commitment
- Substance abuse/drug related issues
- Death
- Other \_\_\_\_\_
- Financial concerns
- Family health concerns
- Emotional/mental health concerns
- Judicial matters
- Lack of financial resources for books

How might you manage the above factors you checked?

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How might the CAAS team assist you in being successful?

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Recommended Plan of Action:**

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|-----------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Meet with a financial aid counselor    | <input type="checkbox"/> Tutoring                                             |
| <input type="checkbox"/> Bi-Weekly Meeting with CAAS            | <input type="checkbox"/> Library/Study Hours                                  |
| <input type="checkbox"/> Meet with Professor(s)/Faculty Advisor | <input type="checkbox"/> Review Recommended Course Seq./Unofficial Transcript |
| <input type="checkbox"/> Attend CAAS Workshops                  | <input type="checkbox"/> Disability Services                                  |
| <input type="checkbox"/> Other _____                            |                                                                               |

**CAAS Academic Coordinator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_