

## **FINANCIAL AID SERVICES**

Sandel Hall 115 | 700 University Avenue, Monroe, LA 71209 Phone: (318) 342-5320

Email: finaid@ulm.edu | URL: http://finaid.ulm.edu

## FALL 2024 FINANCIAL AID STUDENT APPEAL AGREEMENT

**Student:** Your SAP appeal for Fall 2024 has been approved. This approval is strictly for one semester. Please take this form to your <u>ACADEMIC ADVISOR</u> to discuss your enrollment for this term. In addition, you should discuss credits and courses that you need in order to complete your declared major. Finally, discuss what additional study aids you will utilize to ensure that you are staying on track for your degree.

After you and your <u>ACADEMIC ADVISOR</u> have completed this form, please submit it to the <u>Office of Financial Aid</u> to allow processing of your request for financial aid to continue. <u>If your academic advisor is not available, you may go to the department head or someone applicable within your college.</u>

**Advisor:** Please provide your input to this student's satisfactory academic progress. Prior to completing this section, please review the major plan with the student. The intent is to make sure the student is aware of requirements and is on track with their declared major.

Student Name:	St	itudent ID:				
Student Major:	Sf	Student DOB:				
Projected graduation date:	Number of credits remain	ning to complete major:				
Courses to be repeated (list semester/year to repeat)  Use additional space as needed.						
Courses in which student will enroll FALL 2024 semester:						
Academic support services to be used (estimate time commitment) Use additional space as needed.						



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## Advisor: (Please initial by the response)

Academic Advisor signature:

Is the student's ap difficulty?	peal agreement f	or the upcoming semester reasor	able in terms of se	mester hours a	nd class
Yes	No	If no, please explain:			
Please list any add	itional comments	s or recommendations to aid in th	e student's future :	success.	
Student: ( <mark>Please in</mark>	itial by each ques	stion)			
Do you understand	d your appeal ag	reement as outlined for the upco	ming semester?	Yes	No
•	•	eed to register for those courses Yes No	isted above in ord	er to successfu	lly follow your
incomplete, or wit	hdraw from the	100% of the classes you attempt university. You must also mainta ALL of these voids your appeal a	in a 2.0 Undergrad	luate or 3.0 Gra	aduate semester
SAP APPEAL AGRE				_	_
During the appeal	agreement perio	d, the student must adhere to the eral Aid offered by the ULM Office	•	ed above. Failur	e to do so will
By signing below, I Academic Progress	_	at I am agreeing to follow the abo	ve appeal agreeme	ent in order to a	ıttain Satisfactory
Student Name (ple	ease print):		Date:		
Student signature:	t				
	_	at the student has read the appea actory Academic Progress.	l agreement and ha	as the opportur	nity to ask
Name of advisor (p	please print):		Date:		