



**FINANCIAL AID SERVICES**

Sandel Hall 115 | 700 University Avenue, Monroe, LA 71209

Phone: (318) 342-5320

Email: [finaid@ulm.edu](mailto:finaid@ulm.edu) | URL: <http://finaid.ulm.edu>

**FALL 2026 FINANCIAL AID STUDENT APPEAL AGREEMENT**

**Student:** Your SAP appeal for Fall 2026 has been approved. This approval is strictly for one semester. Please take this form to your **ACADEMIC ADVISOR** 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 **ACADEMIC ADVISOR** have completed this form, please submit it to the **Office of Financial Aid** to allow processing of your request for financial aid to continue. If your academic advisor is not available, you may go to the department head or someone applicable within your college.

**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:  Student ID:

Student Major:  Student DOB:

Projected graduation date:  Number of credits remaining to complete major:

**Courses to be repeated (list semester/year to repeat) Use additional space as needed.**

**Courses in which student will enroll FALL 2026 semester:**

**Academic support services to be used (estimate time commitment) Use additional space as needed.**



**FINANCIAL AID SERVICES**

Sandel Hall 115 | 700 University Avenue, Monroe, LA 71209

Phone: (318) 342-5320

Email: [finaid@ulm.edu](mailto:finaid@ulm.edu) | URL: <http://finaid.ulm.edu>

**Advisor: (Please initial by the response)**

Is the student’s appeal agreement for the upcoming semester reasonable in terms of semester hours and class difficulty?

\_\_\_\_\_Yes    \_\_\_\_\_No            If no, please explain:

Please list any additional comments or recommendations to aid in the student’s future success.

Student: **(Please initial by each question)**

**Do you understand your appeal agreement as outlined for the upcoming semester?** \_\_\_Yes    \_\_\_\_\_ No

**Do you understand that you will need to register for those courses listed above in order to successfully follow your academic improvement plan?** \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Do you understand you must pass 100% of the classes you attempt while on appeal? You cannot drop, fail, receive an incomplete, or withdraw from the university. You must also maintain a 2.0 Undergraduate or 3.0 Graduate semester GPA while on appeal. Not meeting ALL of these voids your appeal agreement.** \_\_\_\_\_ Yes    \_\_\_\_\_ No

**SAP APPEAL AGREEMENT REQUIREMENTS:**

During the appeal agreement period, the student must adhere to the requirements listed above. Failure to do so will result in the discontinuance of Federal Aid offered by the ULM Office of Financial Aid.

By signing below, I acknowledge that I am agreeing to follow the above appeal agreement in order to attain Satisfactory Academic Progress.

Student Name (please print):

Date:

**Student signature:**\_\_\_\_\_

By signing below, I acknowledge that the student has read the appeal agreement and has the opportunity to ask questions regarding attaining Satisfactory Academic Progress.

Name of advisor (please print):

Date:

**Academic Advisor signature:**\_\_\_\_\_