



## Satisfactory Academic Progress Standing Appeal

Use this form to document your request for an appeal of your academic withdrawal.

### Student Information

The student completes all questions below and forwards the form to his or her Advisor. Please note: the completed form must be sent to the Advisor **within 5 weekdays** from the date of the notification of withdrawal from the Registrar's office. The Advisor may require a conversation with you before they can make a recommendation. The Advisor may also request documentation to support specific claims that you make for your appeal.

**Student ID:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Academic Program:** \_\_\_\_\_

**Advisor Name:** \_\_\_\_\_

Complete section 1, 2, and/or 3 below to identify the Satisfactory Academic Progress requirements you did not meet. Please see the email notification you received from the Registrar's Office for more information.

**(1) Term completion ratio:** \_\_\_\_\_

**(2) Cumulative completion ratio:** \_\_\_\_\_

**(3) Time to completion:** \_\_\_\_\_

Please complete the following items:

**Registered or anticipated courses and credits for upcoming term (list all courses and credits):**

**What were the factors that led to your unsatisfactory academic progress this term? Be aware that documentation may be required. Please be specific.**

**If allowed to continue for another term on probation, what will you need to do to achieve academic success? Please be specific.**

**Do you have additional information to convey to your advisor? If so, please use the space below.**

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

*\*Note: Email approval is acceptable in lieu of a hard signature if provided via an [antioch.edu](mailto:antioch.edu) email account.*

**Once complete, forward to your advisor. He or she may require a conversation with you before they can make a recommendation. He or she may also request documentation of specific claims that you make.**

## Advisor Response

Your advisee has been recommended for withdrawal due to not meeting Satisfactory Academic Progress requirement. S/he is appealing this recommendation and requesting an additional term on probation. Please review this request. You may require a conversation with your advisee. You may also require documentation to support specific claims made by your advisee if you feel it is appropriate. When complete, the appeal must be returned to the Registrar's Office or routed for further review, according to campus procedure. Note: the completed form must be received by the Registrar's Office **within 5 weekdays** of being received from the student.

**Do you approve of granting the student a probationary term?**

- Yes  
 No

**If yes, please identify any required modification to the student's upcoming term's schedule, or any restrictions to be placed on the student's registration activity:**

**If yes, please identify any resources that you believe would be beneficial to the student in achieving academic success in the upcoming term:**

**If no, please provide a brief explanation of your decision not to approve a probationary term:**

**Will the student require a SAP Academic Plan? A SAP Academic Plan is required when the Advisor and the student agree that it will take longer than one term for the student to return to good academic standing. The SAP Academic Plan must be submitted to the Registrar's Office **within 4 weeks of the start of the probationary term.****

- Yes
- No

Advisor Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Note: Email approval is acceptable in lieu of a hard signature if provided via an [antioch.edu](mailto:antioch.edu) email account.*