

2026-2027

Office of Financial Aid Satisfactory Academic Progress Appeal



Satisfactory Academic Progress:

Satisfactory Academic Progress or SAP at the University of Rio Grande measures a student's performance in the following areas: completion percentage, cumulative grade point average (GPA), and maximum time frame (MTF).

Completion Rate

At the completion of each semester, a student's academic progress will be measured by comparing the number of all attempted hours with the credit hours earned. Attempted hours include any course for which the student remained enrolled beyond the add/drop period. Earned credit hours are those courses in which a grade of A, B, C, D, or S was received. In addition, the SAP policy takes into consideration both Rio Grande coursework and transfer credits from other educational institutions. Incomplete or repeated courses at Rio Grande are considered in the calculation of attempted hours.

Cumulative GPA

All students are required to have a minimum of a 2.00 cumulative grade point average to graduate from Rio Grande.

The following table illustrates the Standards of Academic Progress Policy:

Total Credit Hours Attempted:	Cumulative GPA Required:	Minimum Completion Percentage Required:
1-15	1.50	65%
16-31	1.80	65%
32-52	1.90	70%
53-Graduation	2.00	70%

If you have been placed on Financial Aid Suspension for violation of the SAP policy's completion rate and/or cumulative GPA requirements (review above), then your academic progress does not meet the level necessary to receive student financial aid. However, you have the right to appeal your status. This appeal is subject to approval by the Director of Financial Aid. Complete both pages of this form and submit the SAP Appeal and the accompanying documentation along with a corrective action plan to meet SAP to the Student Financial Aid Office for review. Submission of the SAP Appeal does not ensure approval.

By signing this, I certify that the information provided on this form and all accompanying documentation is true and correct to the best of my knowledge.

Student Signature_____

Date_____

**University of Rio
Grande/Rio Grande
Community College**

PO Box 500
Rio Grande, OH 45674-0500

Financial Aid Office

Phone:
740-245-7218

Fax:
740-245-7102

Email:
finaid@rio.edu



Visit: **www.rio.edu** for
more information

2026-2027

Office of Financial Aid

Satisfactory Academic Progress Appeal



Student Name: _____

Student ID#: _____

Email: _____ Phone #: _____

Circle the term you wish to return to URG? FALL SPRING SUMMER

Important: Appeal requests are due in the Financial Aid Office with all documentation 2 weeks prior to the beginning of the term. Requests received after this date will be reviewed for the next upcoming term.

****IMPORTANT: All appeals require a personal statement from the student! Your appeal will not be reviewed without such.****

Please check the boxes that apply:

☐ **Personal illness or injury**

If applicable please provide the following:

1. Written statement from your physician or attending professional citing the illness or injury and its probable effect upon your academic performance. **Statement should also include the release date to return or resume coursework. Include date of onset and length of time of your illness or injury.**

☐ **Death of an immediate family member**

If applicable, please provide the following:

1. Either an obituary, death certificate, or letter from a professional (lawyer, doctor, minister) which states the date of the death and the individual's relationship to you.

☐ **Student absent from university at least 2 consecutive years**

If applicable, please provide the following:

1. Written documentation supporting your circumstances from a counselor, tutor, professor or academic advisor who is familiar with your circumstances. **Documentation must state the date(s) during which these circumstances occurred and their probable effect on your academic performance.**
2. Documentation verifying that the time away from the University was spent in pursuit of activities that should allow you to succeed academically.

☐ **Other Extenuating Circumstance:**

If applicable, please provide the following:

1. A personal letter outlining circumstances regarding situation.
2. Include documentation to support your claim (in letter form)

NOTE: Appeal stating the cause of suspension is related to lack of transportation will not be reviewed as this is not an adequate reason for non-attendance.

I further understand that if my appeal is granted, I will be placed on a Conditional Eligibility status, which allows me to receive all federal and institutional financial aid for which I am eligible. At the end of each semester, my progress will be evaluated to ensure that I have met the conditions of eligibility for the semester; dropped courses, failing grades, and incompletes will result in an automatic revoking of my conditional status, and I will return to Financial Aid Suspension.

Student Signature _____ Date _____

Authorized Signature _____ Date _____

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