



Fairfield University

Academic Plan for Satisfactory Academic Progress (SAP) Appeal

_____	_____	_____	____/____/____
Student Last Name	First Name	Fairfield ID #	Date of Meeting
____/____	_____		_____
Expected Graduation Mo./Yr.	Academic Year (ex. 2017 2018)		Phone Number

Student and Dean/Director to meet and complete plan together:

Cumulative GPA (*current*): _____

Cumulative GPA (*needed to retain aid by conclusion of semester*): _____

Semester GPA target (*needed to improve cumulative GPA required above*): _____

Student Assessment of Obstacles to Academic Success: (*Student to check all that apply*)

Academic	Study Skills	Personal	Family/Social
<input type="checkbox"/> What "worked" in high school no longer works	<input type="checkbox"/> Time		
<input type="checkbox"/> Unprepared for exams			
<input type="checkbox"/> Poor attendance/skipped class			
<input type="checkbox"/> Tardiness/late for class			
<input type="checkbox"/> Uncertain about major			
<input type="checkbox"/> Unaware of campus resources			
<input type="checkbox"/> Course(s) too advanced			
<input type="checkbox"/> Other: _____			

Referrals: (Dean/Director to check all that apply)

Academic & Career Development Center (ACDC, x4081)
<input type="checkbox"/> Academic Support
<input type="checkbox"/> Career Services
<input type="checkbox"/> Accessibility

<input type="checkbox"/> Counseling & Psychological Services (x2146)	<input type="checkbox"/> Financial Aid (x4125)
<input type="checkbox"/> Dean of Students (x4211)	<input type="checkbox"/> Health Center (x2241)
<input type="checkbox"/> Department of Public Safety (x4090)	<input type="checkbox"/> Residence Life (x4215)
<input type="checkbox"/> DiMenna Nyselius Library (x2188)	<input type="checkbox"/> Other:

Recommendations: (Dean/Director to check all that apply)

<input type="checkbox"/> Utilization of professor's office hours	<input type="checkbox"/> Math Center (http://www.fairfield.edu/mathcenter)
<input type="checkbox"/> Consider change of major/school	<input type="checkbox"/> Writing Center (http://www.fairfield.edu/writingcenter)
<input type="checkbox"/> Consider course withdrawal	<input type="checkbox"/> Peer Tutoring (http://www.fairfield.edu/tutoring)
<input type="checkbox"/> Increase study time	<input type="checkbox"/> Follow up appt. (Date: _____)
<input type="checkbox"/> Identify and utilize study location (i.e.: study lounge, library, etc.)	<input type="checkbox"/> Other
<input type="checkbox"/> Establish peer study group	<input type="checkbox"/> Other

Student Signature

Date

Dean/Director Signature

Date

Please Note: In order for the Financial Aid Appeals Committee to review a student's financial aid appeal (need based aid only), the *Satisfactory Academic Progress Appeal Form* (www.fairfield.edu/sapappeal), a personal statement from the student and Academic Plan (complete by student and Dean's Office) must be submitted to the Office of Financial Aid and/or student's designated financial aid counselor by July 1.

Fairfield University Satisfactory Academic Progress standards policy: www.fairfield.edu/sap