



*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	7    8	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
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Referrals: *Dean/Director to check all that apply*



Recommendations: *Dean/Director to check all that apply*


\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director Signature

\_\_\_\_\_  
Date

Please Note:

*Satisfactory Academic Progress Appeal Form* \_\_\_\_\_