University of the Incarnate Word
Office of Financial Assistance
Satisfactory Academic Progress Recovery Packet

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Revised 02/2026
SAPRVW/SAPVW2

Name _____ UIW ID _____

Directions: This form is used for grants, scholarships, loans, work study, and tuition waivers. Federal regulations require the Office of Financial Assistance to monitor the academic progress towards earning a degree for students receiving financial aid and certain exemptions/waivers. For this reason, your satisfactory academic progress (SAP) for financial aid is evaluated to verify that you have met all SAP standards. If you fail to meet the SAP standards shown below, you must complete this appeal form and provide supporting documentation to be reconsidered for financial aid or waiver eligibility. Please be aware, this appeal is for financial assistance only and has no bearing on your academic standing. For more information regarding the SAP policy visit https://www.uiw.edu/finaid/sapinfo.html.

How to Submit Form: Submit completed form through your GoUIW portal or via email to finaid@uiwtx.edu. Appeals submitted after a semester has ended **CANNOT** be approved for that semester. Appeals submitted after the posted deadline might not be approved.

SEMESTER/TERM	DEADLINE
Summer 2026	**July 17, 2026**
Fall 2026	**November 13, 2026**
Spring 2027	**April 9, 2027**

Grade Level	Cumulative GPA	Cumulative Completion Rate	Maximum Time Frame
Undergraduate	**2.0**	**67%**	**Attempted Hours < 150% of hours for degree program**
Graduate/PhD/Occ. Therapy	**3.0**		
Optometry	**2.0**		
Physical Therapy	**2.5**		
Pharmacy	**2.0**		

STEP 1

Indicate your estimated enrollment (number of credit hours) for the upcoming academic year.

_____Fall _____Spring _____Summer

STEP 2 : PERSONAL STATEMENT

You must attach a typed personal statement. Please do not discuss your need for financial aid or waiver as this is not grounds for approval. You must demonstrate that you understand the SAP policy and academic requirements for aid.

You must address the following sections listed below in your typed letter and provide related supporting documentation:

1. Provide at least one paragraph, including details regarding the situation(s) that prevented you from maintaining Satisfactory Academic Progress during the last evaluation period. (Examples: extenuating medical/personal issues, change in field of study, dual major, transferred hours not counted, Covid 19 related issues, etc.)
2. Address the following question: How has your situation changed so that it will allow you to demonstrate Satisfactory Academic Progress during the next evaluation period? (Examples: attending tutoring, adjusted work schedule, reduction in course schedule, etc.)

STEP 3: DEGREE WORKS PLAN

Attach a current Degree Works Plan detailing the courses needed to complete all majors and minors currently listed on your student account. Information on this process is available online: https://my.uiw.edu/registrar/academics/degreeworks-faq.html. ***DegreeWorks requirement does not apply to Pharmacy, Osteopathic Medicine, Optometry, Occupational Therapy, Doctor of Nursing Practice, or Physical Therapy professional students.***

STEP 4: CERTIFICATION AND SIGNATURES

Initial next to each statement as acknowledgment and sign below.

_____ I understand that I am currently not meeting SAP requirements and submission of this appeal does not guarantee my approval for financial aid. The federal regulations require that all students meet SAP requirements to qualify for financial aid.

_____ I understand if my appeal is **approved,** I will be placed on an improvement plan with requirements that must be met at the end of each semester. I will be sent an email to sign and return a SAP improvement plan agreement which will allow me to continue receiving aid for future semesters as long as all conditions of the plan are met. The improvement plan may range from a minimum of 1 to a maximum of 6 semesters.

_____ I understand if my appeal is **denied,** I will not receive financial aid and will make alternative payment arrangements. I cannot appeal this denial. I understand that to regain my financial aid eligibility I must meet the minimum SAP standards.

_____ I understand I must abide by the SAP improvement plan provided by the Office of Financial Assistance to continue receiving financial aid.

_____ I understand that all coursework taken towards my SAP improvement plan must be part of my DegreeWorks/Degree Plan requirements or preapproved for substitution by my Academic Advisor.

_____ I understand if my appeal is submitted after the indicated deadline, it will be up to the administrator's discretion to accept the documentation for the indicated semester and additional documentation may be required.

_____ I understand that failure to submit my appeal or submitting an appeal after my semester has ended will result in my aid being cancelled for the affected semester(s).

Student Name:_____Email:_____

Student Signature:_____ Date:_____