



**Fairfield University**

**Academic Plan for Satisfactory Academic Progress (SAP) Appeal**

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

**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
___ What "worked" in high school no longer works	___ Time management	___ Lack of motivation	___ Homesick
___ Unprepared for exams	___ Organizational Skills	___ Procrastination	___ Difficulty adjusting
___ Poor attendance/skipped class	___ Reading Comprehension	___ Pressure/stress	___ Difficulty making friends
___ Tardiness/late for class	___ Writing Skills	___ Health Issues	___ Roommate issues
___ Uncertain about major	___ Test Taking Anxiety	___ Disability (diagnosed or possible)	___ Relationship Issues
___ Unaware of campus resources	___ Note Taking	___ Financial concerns	___ Family Issues
___ Course(s) too advanced	___ Other: _____	___ Sports/Extracurriculars	___ Other: _____
___ Other: _____		___ Work (# hrs/wk: _____)	
		___ Other: _____	

**Student Identification of Changes Needed to Improve Academic Performance:** (*Student to complete*)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**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 ( <a href="http://www.fairfield.edu/mathcenter">http://www.fairfield.edu/mathcenter</a> )
<input type="checkbox"/> Consider change of major/school	<input type="checkbox"/> Writing Center ( <a href="http://www.fairfield.edu/writingcenter">http://www.fairfield.edu/writingcenter</a> )
<input type="checkbox"/> Consider course withdrawal	<input type="checkbox"/> Peer Tutoring ( <a href="http://www.fairfield.edu/tutoring">http://www.fairfield.edu/tutoring</a> )
<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](http://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](http://www.fairfield.edu/sap)