



Appointment Date: _____

Appointment Time: _____

Satisfactory Academic Progress (SAP) Appeal Petition

Any student that has not been able to satisfy the minimum cumulative GPA requirement of their program during Academic Probation II will have an opportunity to petition for an extension of their Academic Probation. The extension will only be granted if extenuating circumstances existed and/or academic progress was demonstrated during this period. If extenuating circumstances existed during the period of Academic Probation, proper documentation must be submitted with this documentation for further review. In order to be considered for Academic Probation extension, students must complete this form and submit it to studentservices@westcliff.edu or to their Student Services Representative. Please note that **completion of this form does not guarantee extension of Academic Probation.** Students who are petitioning for an extension will be required to meet with the Dean as part of the petition process and ensure all items necessary to maintain status are complete, i.e. your financial account must be balanced and you must maintain your attendance. Your petition will be reviewed and you will be notified by email.

 Last Name

 First Name

 M.I.

 Student ID

 Email Address

In the space below explain why you have fallen below the G.P.A. requirement for your program level, as well as why you should be granted an extension and why you should be allowed to continue:

By submitting this form, I understand and agree that I am requesting an extension to be made by the Dean for not satisfying the cumulative GPA requirements of my program. If I am approved to continue Academic Probation, it will be under strict academic conditions determined by Westcliff University administration. The approval, if granted, will be for one (1) term and will be subject to cancellation if at any point it is determined that I am not meeting the terms of the conditional approval. Any further Academic Probation extension beyond the granted time period will be reviewed at the end of the extension period of one (1) term and at Westcliff University's discretion.

 Student Signature

 Date



TO BE COMPLETED BY THE DEAN AND/OR P/DSO:

Student Probationary Extension: Approved 1 semester Approved 1 session
 Not Approved

Reason Given:

Dean's Initials:

_____ date

P/DSO's Initials *(if necessary):*

_____ date