

## Boston University Financial Assistance

### Satisfactory Academic Progress for Need-Based Financial Assistance Appeal Form

Boston University Financial Assistance is required by federal regulation to ensure students receiving financial aid are making academic progress towards completing their degree. For this reason, your Boston University academic transcript is reviewed each semester to verify that you have completed the required number of credits and maintained the minimum grade point average to continue receiving financial aid, including credit-based educational loans. If your academic performance has fallen short of these standards and you would like to appeal that determination, you must complete the attached Satisfactory Academic Progress Appeal Form. Please note that credits and grades earned at institutions other than Boston University are not considered in the GPA calculation. BU Financial Assistance will begin reviewing complete appeals in July, in the order in which they are received. You may be asked to supply additional information in support of your appeal. More information about BU Financial Assistance Satisfactory Academic Progress standards is available at: [http://www.bu.edu/finaid/eligibility/sap\\_renewal.html](http://www.bu.edu/finaid/eligibility/sap_renewal.html).

### Satisfactory Academic Progress Standards for Need-Based Financial Assistance Overview

#### Minimum Credit Hours

- Full-time students must successfully complete a minimum of 12 Boston University credits in each semester in which they are enrolled.
- Generally, part-time students must complete at least 75 percent of the total credits for which they enroll.

#### Minimum Grade Point Average

Class	Minimum Cumulative GPA for Federal & State Funds and Credit- Based Educational Loans	Minimum Cumulative GPA for Need-Based Boston University Funds
Sophomores (freshman year grades)	1.70	2.00
Juniors/Seniors	2.00	2.00

### Instructions for Completing Appeal Form

**Section I:** must be completed by the student. Further, the student is responsible for ensuring that the remaining sections are completed as specified.

**Section II:** must be completed by the student and forwarded to an academic official at the appropriate school/college. Please see school/college office listing below if you are unaware of your advising office.

**Section III:** must be completed by an academic official. Academic officials will be unable to complete this section without first receiving **Section II**.

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### School/College Official Listing

<u>College of Arts and Sciences</u>  Academic Advising 100 Bay State Road Room 401 Phone: 617-353-2400 Email: <a href="mailto:casadv@bu.edu">casadv@bu.edu</a>	<u>College of Communication</u>  Student Services Office 640 Commonwealth Avenue Room 123 Phone: 617-353-3471 Email: <a href="mailto:comugrad@bu.edu">comugrad@bu.edu</a>	<u>College of Engineering</u>  Undergraduate Programs Office 44 Cummington Street Room 107 Boston, MA 02215 Phone: 617-353-6447 Email: <a href="mailto:engineering@bu.edu">engineering@bu.edu</a>	<u>College of Fine Arts</u>  855 Commonwealth Avenue Phone: 617-353-3350 Email: <a href="mailto:cfastu@bu.edu">cfastu@bu.edu</a> Inquire via phone or email above to be directed to the appropriate official in your CFA school.
<u>College of General Studies</u>  Student Services Office 871 Commonwealth Avenue Room 211 Phone: 617-353-2850 Email: <a href="mailto:cgs@bu.edu">cgs@bu.edu</a>	<u>College of Health &amp; Rehabilitation Sciences: Sargent College</u>  Academic Services Center 635 Commonwealth Avenue Room 207 Phone: 617-353-2713 Email: <a href="mailto:sarugrad@bu.edu">sarugrad@bu.edu</a>	<u>Metropolitan College</u>  Undergraduate Student Services 755 Commonwealth Avenue Room 102 Phone: 617-353-2980 Email: <a href="mailto:metuss@bu.edu">metuss@bu.edu</a>	<u>Questrom School of Business</u>  Undergraduate Academic & Career Development Center 595 Commonwealth Avenue Suite 104 Phone: 617-353-2650 Email: <a href="mailto:Questromudc@bu.edu">Questromudc@bu.edu</a>
<u>Wheelock College of Education &amp; Human Development</u>  Office of Student Services Two Silber Way, Room 243 Phone: 617-353-3177 Email: <a href="mailto:sedstdt@bu.edu">sedstdt@bu.edu</a>	<u>School of Hospitality Administration</u>  Dean's Suite, Third Floor 928 Commonwealth Avenue Phone: 617-353-0930 Email: <a href="mailto:meg@bu.edu">meg@bu.edu</a>		

Complete and return to: Boston University Financial Assistance  
881 Commonwealth Avenue, 5<sup>th</sup> Floor  
Boston, MA 02215

Call: 617-353-2965  
Fax: 617-358-2792  
Email: [finaid@bu.edu](mailto:finaid@bu.edu)



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**Section I: To be completed by the STUDENT**

Name: \_\_\_\_\_

BU ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**If further explanation is necessary, attach a separate sheet of paper.  
Attach documentation in support of your statements below, as appropriate.**

Summarize circumstances related to why you did not meet Satisfactory Academic Progress stand

Describe any adjustments you have made that will help resolve the issues listed above:



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**Section II: To be completed by the STUDENT and forwarded to the ACADEMIC OFFICIAL**

Name: \_\_\_\_\_

BU ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Summarize your **academic action plan** and describe how you will meet Satisfactory Academic Progress in the future:

**\*Please forward this section to an academic official in order to complete this appeal form\***

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**Section III: To be completed by the ACADEMIC OFFICIAL**

I have received Section II, the academic action plan, completed by the student.

1. Is the student in good academic standing? If not, what is required of the student to be in good academic standing?

2. What advice have you offered to the student about their academic plan? Is the plan reflective of advice you have offered the student?

3. Can you share highlights of this student's recent history with your office?

4. What else should the SAP Review Committee know about this student's interactions with academic advising?

Official's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

School/College: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Complete and return to: Boston University Financial Assistance  
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\*If an electronic version of this form is completed, please email it to our office from a BU email address so we can verify the sender's information.