



# Academic Censure/Satisfactory Academic Progress Appeal: School of Dentistry

Purpose: Used by School of Dentistry students who wish to appeal academic dismissal (Required to Withdraw for Academic Reasons-RWAR) and/or failure to maintain Satisfactory Academic Progress (SAP) for financial aid eligibility.

## Student Instructions:

- Complete Sections 1 & 2 of this form using a computer.
  - A handwritten form will **not** be accepted.
  - An incomplete form will not be processed and returned to you for completion.
- Print the form using the 'Print Form' button.
- Type answers to the questions in Section 3 in a separate document.
- Sign the form in Section 4; a digital signature is **not** acceptable.
- Submit the signed appeal form, the document from Section 3 and any supporting documentation to the School of Dentistry by the deadline in the notification you received.

## School of Dentistry Instructions:

- Make a determination in Section 5 and then notify student.
- Return the completed and signed appeal form, the Academic Plan spreadsheet, the student's document from Section 3 and any supporting documentation provided by the student to the Office of the Registrar via ImageNow.

## Section 1: Student Information

Name \_\_\_\_\_ MUID \_\_\_\_\_  
Last First Middle

Email \_\_\_\_\_ @marquette.edu

Phone \_\_\_\_\_

## Section 2: RWAR and/or SAP

(check one)

I wish to appeal my RWAR/SAP decision for  Fall  Spring  Summer \_\_\_\_\_  
Year

I wish to appeal my SAP only decision for  Fall  Spring  Summer \_\_\_\_\_  
Year

## Section 3: Type your answers to the following questions in a separate document and submit it with this form.

(label your answers to correspond with the questions, i.e. a., b., c.)

- Explain the extenuating circumstances that prevented you from being academically successful during the term indicated above (be specific). Extenuating circumstances include, but are not limited to: personal injury or illness; family issues/difficulties; interpersonal problems; death of a relative; etc. In addition, provide any documentation you have to verify your extenuating circumstances.
- Explain what has changed in your life that will now allow you to be academically successful. In addition, provide any documentation you have to verify your explanation.
- Explain the strategies you will utilize that will allow you to be academically successful in future terms, if given the opportunity. Be specific and provide justification for each strategy. Your strategies might include, but are not limited to: a commitment to seek tutoring or counseling; a commitment to join a study group; a commitment to spend a set number of hours per class studying each week, etc. In addition, provide any documentation you have that may verify your new commitment to academics.

## Section 4: Student Statement/Signature

I hereby request reinstatement to the School of Dentistry and/or of my financial aid eligibility. I understand that the School of Dentistry has the final decision in all RWAR/SAP appeals. I also understand and agree that I am bound by the credit/GPA conditions applied to me in the School of Dentistry's academic plan that was created specifically for me, and that I must comply with all the conditions and restrictions contained therein; or, I will again be academically dismissed (RWAR) and/or made ineligible for financial aid (SAP).

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 5: Academic Dean/Designee

Based on the evaluation of the above appeal and the student's academic record, I (check one)

Recommend RWAR/SAP reinstatement  Recommend SAP only reinstatement

Do not recommend RWAR/SAP reinstatement  Do not recommend SAP only reinstatement

In addition, attached is the Office of Student Financial Aid Academic Plan spreadsheet outlining the conditions/restrictions of this reinstatement for the above named student.

Name and title (please print) \_\_\_\_\_

Signature of Dean/Designee \_\_\_\_\_ Date \_\_\_\_\_