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Name _____ UIW ID _____

Directions: Thito be reconsidered for

		Cumulative Completion Rate	Maximum Time Frame
Undergraduate			
Graduate			
Optometry			
Physical Therapy			
Pharmacy			

SKtjo[illegible] STEP 4 : PERSONAL STA[illegible]

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