



Please return to:

University Enrollment Center
UMass Dartmouth
285 Old Westport Road
North Dartmouth MA 02747-2300
Ph: 508 999 8857 Fax: 508 910 6420

2012-2013 Satisfactory Academic Progress Appeal

Student Name: Dzhokhar Tsarnaev Student ID: _____

I wish to regain my eligibility for financial aid for the Fall/Spring semester. The following explains why I failed to meet SAP and what has changed that will allow me to meet SAP at the end of the next evaluation:

This year I lost too many of my loved relatives. I was unable to cope with the stress and maintain school work. My relatives live in Chechnya, Russia. A Republic that is occupied by Russian Soldiers that falsely accuse and abduct innocent men under false pretences and terrorist accusations. I am at a point where I can finally focus on my school work. I wish to do well so one day I can help out those in need in my country, especially my family members.

I understand that this appeal is subject to review by Financial Aid Services and that approval or denial of this request will be based on information contained in my appeal as well as a complete, signed academic plan. Financial Aid Services staff will review the information I have provided and will respond via email regarding my continued eligibility for financial aid.

Dzhokhar Tsarnaev
Student Signature

1/24/13
Date

Return your Satisfactory Academic Progress Appeal and Academic Plan by the following deadline:

- Summer 2012: July 2, 2012
- Fall 2012: September 11, 2012
- Spring 2013: January 28, 2013
- Summer 2013: July 2, 2013

Financial Aid Use Only: _____

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2012-2013 Academic Plan

Student Name: Dzhokhar Tsarnaev Student ID: _____

Please complete this Academic Plan with your Academic Dean/Advisor if you wish to be considered for financial aid at UMass Dartmouth for the Spring semester.

1. I will earn a minimum Grade Point Average (GPA) of 2.3

2. I will enroll in the following courses for the semester indicated above:

1. ~~Cultural/Artistic Literacy~~

2. ~~MTH 103~~

3. ~~PSY 101~~

4. ~~BIO 101~~

MTH 103

PHC 205

PSY 101

PSY 101

3. I will not withdraw from the courses listed above, or receive incomplete or failing grades.

I understand that I must submit a written appeal to my Academic Dean/Advisor to change this Academic Plan. I must explain what has happened to make the change(s) necessary and how I will be able to make academic progress based on these changes. The Academic Dean/Advisor must submit the revised written SAP Appeal and Academic Plan to the Financial Aid Office for their review. I understand that revised Academic Plans may still adversely affect my continued eligibility for financial aid.

5. I understand that failure to follow this Academic Plan may result in cancellation of financial aid from the University and that this plan is valid for one semester only. After the semester has ended, I understand that my transcript will be reviewed to determine if I have fulfilled the terms of this Academic Plan and whether I may continue to receive financial aid.

Dzhokhar Tsarnaev
 Student Signature

Dzhokhar Tsarnaev 11/24/13
 Printed Name Date

Jessica Oliveira
 Dean's Office Academic Advising Signature

Jessica Oliveira 11/28/13
 Printed Name Date

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