

**Return to:**

Financial Aid and  
Scholarship Office  
San José State University  
One Washington Square  
San Jose, CA 95192-0036  
Telephone: (408) 283-7500

<b>Name of Financial Aid Applicant</b> (Please Print Clearly)		
<b>Last</b>	<b>First</b>	<b>Middle</b>
San Jose State ID: _____		

For Office Use Only:

**ACADEMIC PROGRESS PETITION FORM – U HOLD**

**STEP I: Please read and follow instructions listed below**

The Financial Aid and Scholarship Office is required to monitor Academic Progress for all students who apply for aid per Federal and State Regulations. According to our records, your overall Academic Progress Status is **U**. This means a hold has been placed on your aid because you have excessive units beyond your degree requirement. You may appeal this hold by following all of the instructions in Step II of this document. **Petitions are evaluated by the date order received, and should be submitted immediately.** You will be notified within 21 business days once your appeal has been reviewed. Check my.sjsu.edu for messages and/or "To Do" items pertaining to the outcome of this petition.

**If you are not returning to SJSU for the academic year, please sign below and return this form.**

Sign here: \_\_\_\_\_ Date \_\_\_\_\_

**Step II: Submitting your Petition for Committee Review**

- **Personal Statement – Required on all petitions.** You must provide a written explanation that states the reasons for excessive units.
- **Supporting documentation must be attached to all personal statements:** A department approved Major and Minor Form (undergraduate, credentials, post baccalaureate) or a Candidacy Form (graduate) specifying completed courses, coursework in progress and your anticipated graduation date.

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I fully understand that I am responsible for paying any fees owed to the university by the established deadline, regardless of the outcome of this petition.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact information: \_\_\_\_\_  
Email Daytime phone number

For office use only:

Committee Review: _____	Date: _____
<input type="checkbox"/> Approved/Assign Communication Letter Code: _____	<input type="checkbox"/> Refer to Coder to complete documents/Coder's stamp: _____
<input type="checkbox"/> Denied/Assign Checklist Code: _____	<input type="checkbox"/> Refer to Coder to complete documents/Coder's stamp: _____