



## SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

This form is used only to appeal for a temporary waiver of the guidelines established by the Financial Aid Office to evaluate your academic progress. These guidelines are not necessarily the same as the academic guidelines of the College or department.

Submit this form, **along with the required items listed**, to the Financial Aid Office. Incomplete appeals, including those submitted without supporting documentation will not be reviewed. All statements provided should be **TYPED**. All appeals must be submitted prior to the next enrollment period. Late appeals are not accepted unless extenuating circumstances can be documented.

_____ Last Name	_____ First Name	_____ M.I.	_____ Term which you are appealing	_____ Date of Birth
_____ Phone Number	_____ Cell/Alternative Phone Number	_____ E-mail Address	_____ Student ID Number	

**Please indicate the type of appeal you are filing (select all that apply):**

- ☐ I have not successfully completed at least 67% of my attempted credit hours
- ☐ My cumulative GPA is below the standard ☐ I have attempted more than 180 credit hours

**Please indicate the reason you are filing this appeal (select all that apply):**

- ☐ Medical: Significant medical problems contributed to not making satisfactory academic progress. Supporting documentation should include birth certificates, medical records, physician statements, etc.
- ☐ Death/Illness: Death/Illness contributed to the lack of satisfactory academic progress. Supporting documentation should include medical records, death certificate, obituary, funeral program, physician statement, counselor statement, court documents, etc.
- ☐ Other Circumstance: May include any other extreme or unusual circumstance(s) **OUT OF THE STUDENT'S CONTROL**. Documentation supporting circumstance(s) must be included. These circumstances MAY NOT include lack of motivation, lack of responsibility, work conflicts, etc.

***Please note: lack of supporting documentation will result in your appeal being denied.***

**During the review, some of the factors that will be considered are:**

- Validity of the reason(s) for failing to meet the minimum SAP standards.
- Resolution of the problem(s) leading up to failing to meet SAP standards.
- Prior academic history (credits earned vs. credits attempted, GPA, number of repeats, etc.).
- Meetings, or lack thereof, with your academic advisor along with their notes, comments, and/or recommendation.
- Demonstrated motivation to succeed.
- Likelihood of future success.
- Quality of appeal.
- Quality and thoroughness of supporting documentation.

**This is a two-page document. Both pages must be completed prior to processing.**

## APPEAL REQUIREMENTS AND GUIDELINES

To appeal, submit the items below while following the provided guidelines for each item.

- ✓ Provide a TYPED statement describing the reasons and the circumstances that caused you to fail to meet the required minimum standards. Be specific in your explanation since incomplete information may result in the denial of your request. Remember, the reason(s) provided must match one of the qualifying appeal categories. Your attention should be focused on the particular terms and/or courses you did not successfully complete (withdraw and other non-passing grades).
- ✓ Provide a second TYPED statement outlining the SPECIFIC STEPS you intend to take in the next semester to improve your academic performance. This statement should be detailed and thorough, demonstrating your commitment to achieving the minimum standards.
- ✓ Provide a letter of support from an individual who is familiar with your circumstances. This letter must include the individual's name, relationship to you, phone number, and signature. This letter may come from a faculty member, advisor, clergy member, counselor, or otherwise informed individual who is knowledgeable of your situation. **It is *highly advised* that this letter come from someone outside your immediate family.**
- ✓ Complete the table below by listing the courses in which you plan to enroll for the next TWO academic terms. For example, if the appeal is submitted prior to the spring semester, the listed courses would be for the spring term and either the summer or following fall term (since summer is not a standard term). You are encouraged to meet with a faculty member or academic advisor for assistance in completing this progress plan.

**Do not discuss your need for financial aid as part of your appeal rationale. It is assumed that any student filing an appeal is doing so based on their need for financial aid.**

**Appeal statements must be signed, dated, and attached to this completed appeal form.**

## ACADEMIC PROGRESS PLAN - REQUIRED

Term (e.g. Fall 2019): \_\_\_\_\_

Course ID (e.g. MA 145-1)	Course Description (e.g. Intermediate Algebra)	Credit Hours	Expected Grade

Term (e.g. Spring 2020): \_\_\_\_\_

Course ID (e.g. MA 145-1)	Course Description (e.g. Intermediate Algebra)	Credit Hours	Expected Grade

## SIGNATURE - REQUIRED

I certify that all information and documentation I have submitted related to this appeal is true and accurate to the best of my knowledge. I understand that the decision of the appeals committee is final.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Date