



2017-2018
SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Student Information (PLEASE PRINT)

<i>Last Name</i>	<i>First Name M.I</i>	<i>EMPLID</i>	<i>XXX-XX-</i>
<i>Address (include apt. #)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Date of Birth</i>	<i>E -mail Address</i>	<i>Phone Number (include area code)</i>	

Instructions

Step 1: Please answer all the questions and attached documentation to support the statement on your appeal (i.e.: copy of death certificate, medical records, police reports, job termination letter, disability letter, etc.)

1. Please describe in detail the extenuating circumstances that hindered you from complying with the SAP policy. You must address ALL semesters that contributed to you being placed on suspension. **Please attach supporting documentation (i.e.: medical documents, birth certificates, disability benefits, loss of employment etc.).** BRING COPIES ONLY-DOCUMENTS WILL NOT BE RETURNED. Statement must be typed.

2. Please explain how the circumstances that contributed to you being placed on suspension have been resolved. How will you meet SAP standards in the future? Must be typed.

Step 2: You must meet with an Academic Counselor to make an academic plan. An academic plan assists you in meeting SAP requirements. If your appeal is approved you will be eligible to receive federal student aid provided you meet all the terms and conditions of your academic plan – **Sage Hall, Room 202**

Step 3: Once you have obtained an academic plan, return Appeal form, academic plan with supporting documents to the Financial Aid Office **Colston Hall, Room 504.**

If your appeal is denied, you will not be eligible for federal student aid, such as Pell grant, SEOG, Federal Work Study, Federal Perkins loans and Federal Direct loans. You will need to seek alternative financial resources to pay your tuition. Submission of this appeal does not guarantee approval. All appeals are reviewed by the College Committee on Financial Aid Standing.

I have read and understand the SAP requirements and the appeal process. I hereby attest that everything I have stated on this appeal form is true and accurate to the best of my knowledge.

Signature _____

Date: _____