



Financial Aid Satisfactory Academic Progress Appeal Form

Student Information and Reason for Appeal

My cumulative GPA is below 2.0 My progression rate is below 67% I have exceeded 150% max time-frame

Name: _____ SCC Student ID#: _____

Phone Number: _____ (home) _____ (cell) _____ (work)

Date of Birth: _____ SCC/Personal email: _____ / _____

Academic Major: _____ Hours remaining for completion: _____

Expected graduation date: _____ Check semester being appealed: fall spring summer

Appeal submission: yes, first appeal no, my last appeal was submitted term: _____ year: _____

Students who are not meeting the Satisfactory Academic Progress (SAP) policy may appeal for reinstatement of financial aid eligibility. An appeal can only be submitted if a student's failure to make satisfactory academic progress is based upon events **beyond their control**.

Please indicate which circumstance below best applies to you (must check at least one):

- Illness or Injury which prevented my attending class (*please attach medical records or doctor's letter on doctor's letterhead—must include date of illness or injury*)
- Illness of Family Member which prevented my attending class (*please attach medical records or doctor's letter on doctor's letterhead—must include date of illness or injury*)
- Death of Family Member (*please attach obituary, funeral program or death certificate—must include date*)
- Required Court Dates (*please attach court documents*)
- Childcare or Transportation issues (*please attach proof that issue has been resolved, i.e. childcare facility arrangements, car repair or purchase invoice, etc.*)
- Unavoidable Work Conflict (*please attach statement from employer on company letterhead explaining the nature of the work conflict*)
- Numerous Credits outside of current Program of Study (*please attach proof that you completed a program elsewhere; or, please explain what life circumstances have prompted you to pursue this new program*)
- Other Unavoidable Event and third party documentation of event on organization letterhead (*i.e. licensed counselor, social worker, pastor, and teacher—no family members*): _____

Examples of reasons which are **not** considered suitable justification for appeals:

- I was young; I attended in high school; I didn't take school seriously before; I made mistakes.
- I attended many years ago and have come back to school recently.
- I changed majors a lot and did not know what I wanted to do.
- I did not realize how much all my withdrawals would hurt my financial aid.
- I am currently ineligible, but now I have completed addition hours at my own expense and made improvement.

(Please remember that the appeal is only for situations that are **beyond your control**. The above reasons and similar ones **do not** fall into this category.)



For each semester you were not successful, please explain why you were not able to meet the requirements of the SAP policy. (A semester is considered “unsuccessful” when the semester GPA is below a 2.0 and/or you were not able to complete more than half of your classes.) **Please do not submit typed explanations for the areas below. You must explain your answers in the spaces provided.**

Which semester/year are you explaining? Semester _____ Year _____ Please describe the circumstance that was beyond your control:

For the above semester, please explain what about the situation has changed and why you will be academically successful going forward:

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For the above semester, please explain what about the situation has changed and why you will be academically successful going forward:

By signing below, you are attesting that you are **submitting ALL** of the following **required** documents. **Please note that your appeal will not be reviewed unless all three items are included in your appeal packet. If your appeal is unable to be reviewed, it will be denied:**

- Completed SAP Appeal form *(all blanks must be completed in order to be considered complete)*
- Outside documentation of circumstances for each unsuccessful semester *(please see first page for explanation of what to attach)*
- If you are appealing Maximum Timeframe, a Program Evaluation Form, completed by your advisor, *must* be included.

I have read the Financial Aid Satisfactory Academic Progress policy. I understand that the Appeals Reviewer will not review my appeal if it is incomplete or lacks appropriate documentation (see checklist above). I understand that I must provide documentation for each term that I was not successful. I also understand that, if I have submitted my appeal by the deadline, I will be notified of the decision through my SCC email account.

Student's Signature

Date

FOR FINANCIAL AID OFFICE USE ONLY

Appeal Decision: Approved Denied

of Terms approved for MTF Appeal: _____

Denial Reason: _____

Financial Aid Staff Member

Date