



Satisfactory Academic Progress (SAP)

APPEAL FORM

_____	_____	_____	_____
Last Name	First	Middle Initial	Date
_____		_____	
Student ID# (last four digits of SS#)		Program Area	
_____		_____	
Phone Number		Email	

Step 1: Reason for Financial Aid Suspension

My financial aid is currently suspended due to:

- Cumulative GPA is below 75%
- Completion Rate does not meet minimum hours requirements
- Both

Step 2: Explanation of Failure to Meet Minimum SAP Standards

On a separate sheet of paper, provide an explanation of the extenuating circumstances that caused you NOT to meet the minimum SAP standards.

Documentation MUST be attached to verify your explanation.

Include the following details:

- Circumstances that caused you NOT to meet SAP standards (see examples below)
 - Personal injury, illness, physical disability, or victim of a crime
 - Death and/or serious illness of immediate family member
 - Separation/Divorce
 - Fire or other catastrophic event
 - Legal issues
 - Other circumstances beyond a student's control that occurred during the academic term
- When circumstances occurred
- How long circumstances lasted
- How circumstances affected your ability to complete coursework and/or led to absences

Step 3: Explanation of Steps for Future Success

On the separate sheet of paper, also describe the steps you have taken to address these circumstances to ensure that you will be able to meet SAP requirements in the future. Emphasize what will be different and how these steps will ensure your success. Supporting documentation may be provided to strengthen your argument.

Step 4: Student's Certification

Please read and answer each statement:

I have read the SCTC Satisfactory Academic Progress policy located in the Financial Aid Handbook.

 Yes

 No

I understand if my appeal is approved, I will be placed on probation for only one semester/level.

 Yes

 No

I understand if I am placed on probation, I am required to maintain satisfactory attendance and a minimum cumulative grade of 75%.

 Yes

 No

I am submitting a complete appeal form. I understand that incomplete appeal forms will not be reviewed. I have also attached necessary documentation.

 Yes

 No

I understand my appeal may be denied and submission of this appeal form does not guarantee my financial aid will be reinstated. I further understand I am ultimately responsible for all debt incurred at SCTC.

 Yes

 No
Step 5: Student's Signature

I certify that I am the student listed on this appeal form and that all information provided on the form is complete and accurate.

Student Signature: _____

Date: _____

Appeal Decision: (made within 10 business days from date received)

Received By: _____

Date: _____

Final Determination on Student's Appeal: _____

Date Determination Issued: _____

Date of Next Review (End of Next Payment Period): _____

Suggested Documentation Required for Each Situation

EXAMPLE SITUATION:	SUGGESTED DOCUMENTATION:
Medical/Psychological Circumstances (excluding chronic conditions- students are responsible for properly balancing schoolwork with known chronic conditions)	<ul style="list-style-type: none"> ▪ Statement from physician on letterhead including dates of service and whether or not the student is stable and ready to return to school ▪ Statement from therapist on letterhead including dates of service and whether or not the student is stable and ready to return to school ▪ DO NOT include copies of medical charts ▪ Explanation of how situation is resolved or is being managed
Car Accident	<ul style="list-style-type: none"> ▪ Police Report ▪ Medical Documentation ▪ Statement from physician on letterhead including dates of service and whether or not the student is stable and ready to return to school ▪ Documentation from repair company indicating seriousness of accident
Death Affecting Student/Family	<ul style="list-style-type: none"> ▪ Obituary ▪ Complete copy of funeral program ▪ Statement of the relationship between the student and the deceased to accompany the obituary or funeral program ▪ Certified Death Certificate ▪ Explanation of the effect on the student/family
Personal/Family Emergency	<ul style="list-style-type: none"> ▪ Explanation of how situation has been resolved or is being managed ▪ Appropriate medical documentation including statement from physician on letterhead including dates of service ▪ Notarized statement from parent or family member regarding situation and effect on student
Other	<ul style="list-style-type: none"> ▪ Explanation of situation and how it has been resolved or is being managed ▪ Notarized statement from parent or family member regarding situation and effect on student ▪ Other documentation depending on type of situation