

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

| Name: | ID: |
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| appeal their suspension. In addition, y | en suspended for not meeting Satisfactory Academic Progress standards can you must provide documentation to support the extenuating circumstances as bry Academic Progress. In order for your appeal to be reviewed please complete requirements listed below: |
| | n it into the Financial Aid Office. In your appeal you must clearly state your reasons for progress, and what you plan to do in the future to become in compliance with SSC's |
| 2. Attach any documentation that sup | oports your extenuating or mitigating circumstances. |
| 3. After the Financial Aid Appeals Co | mmittee has met, you will be notified of the results via your SSC student email. |
| 4. All appeals are for only one semeste | er. (Please read academic plan) |
| your appeal is denied, you are not e | re placed on Financial Aid Probation and are required to adhere to an academic plan. If ligible for financial aid and your classes will not be held. It is your responsibility to either drop your classes. Failure to do so, may result in a bill. |
| 6. Under no circumstances will classe | s be held beyond the start of the semester. |
| 7. Students are allowed only one appe | eal per semester. DECISIONS OF THE APPEAL COMMITTEE ARE FINAL. |
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Please Note: Satisfactory Academic Progress (SAP) standards for GPA requirements for Financial Aid is measured based on the Financial Aid GPA standard as established by the Department of Education and NOT the college standards of academic progress (SOAP) policy.

8. At the end of the semester your progress will be re-evaluated. The Appeal Committee will require the following:

Complete 100% of the classes that you have enrolled

Earn a GPA of at least 2.0 for the semester

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| Name: | ID: | |
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| Email: Phone: | | |
| that affected your performance. Please a | ailure to meet Satisfactory Academic Progress (SAP) and the circumstances attach documentation to support the extenuating circumstances as to why Progress. If there are extenuating circumstances, please attach appropriate nts, death or birth certificates, etc. | |
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| Please use additional paper if needed. | | |
| I certify that I have read and understand t thereof. | the SAP guidelines on the back of this appeal form and agree to all stipulations | |
| Signature: | Date: | |



ACADEMIC PLAN

| Last Name: | First Name: | Student ID#: | |
|-----------------------------|--|--|------------|
| College allows students to | , | tigating circumstances affecting student perform us by submitting a Satisfactory Academic Progres consideration. | |
| • | • | writing on or before the established deadline for t nission of an appeal does not guarantee your requ | |
| | ble for one semester only. Students who a There to an academic plan. The academic p | re granted a SAP appeal are placed on Financial A blan states that the student will: | ∖id Proba |
| • | of the classes that you have enrolled (No least 2.0 for the semester | withdrawals, incompletes or F's) | |
| | | ave met the conditions of your academic plan youed in disqualification (financial aid suspension) sta | |
| | ou are not eligible for financial aid and you nts, or to drop your classes. | r classes will not be held . It is your responsibility | / to eithe |
| A copy of the Financial Ai | d Satisfactory Progress criteria is attached | o this form for your review. | |
| All SAP notifications are s | ent to the students SSC student email. | | |
| By submitting and signir | ng this form: | | |
| ✓ I understand that m | y appeal is subject to approval by the committe | 2 6. | |
| | nformation and documentation submitted as ullent documents may result in my APPEAL be | part of this appeal is true to the best of my knowledging denied. | se and tha |
| ✓ If my appeal is denie | ed, I must make payment arrangements to keep | my classes or I must drop my classes. | |

Student Signature: _____