

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Name:	ID:
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.

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

SATISFACTORY ACADEMIC PROGRESS (SAP)

Name:	ID:	
mail: Phone:		
that affected your performance. Please a	ilure to meet Satisfactory Academic Progress (SAP) and the circumstances ttach documentation to support the extenuating circumstances as to why Progress. If there are extenuating circumstances, please attach appropriate atts, death or birth certificates, etc.	
Please use additional paper if needed.		
I certify that I have read and understand thereof.	he 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 a	,	tigating circumstances affecting student pus by submitting a Satisfactory Academic consideration.	•
-	=	writing on or before the established dead nission of an appeal does not guarantee yo	
• •	e for one semester only. Students who an ere to an academic plan. The academic p	re granted a SAP appeal are placed on Fir blan states that the student will:	nancial Aid Proba-
•	the classes that you have enrolled (No v st 2.0 for the semester	vithdrawals, incompletes or F's)	
	, ,	ave met the conditions of your academic ped in disqualification (financial aid suspen	,
lf your appeal is denied, you make payment arrangement	,	r classes will not be held . It is your respo	onsibility to either
A copy of the Financial Aid S	Satisfactory Progress criteria is attached t	o this form for your review.	

By submitting and signing this form:

✓ I understand that my appeal is subject to approval by the committee.

All SAP notifications are sent to the students SSC student email.

- ✓ I acknowledge the information and documentation submitted as part of this appeal is true to the best of my knowledge and that submission of fraudulent documents may result in my APPEAL being denied.
- ✓ If my appeal is denied, I must make payment arrangements to keep my classes or I must drop my classes.

Student Signature:	Dat	ate:
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White: SAP Committee Copy Yellow: Student Copy