



Satisfactory Academic Progress (SAP) Appeal for School Year: 20__ to 20__

Name: _____

Last four of SS#: _____

DOB: _____

According to our records, you have not adhered to eligibility criteria as adopted by PCC Board Policy 400-10. As a recipient of Federal funds, you are required to maintain a minimum GPA of 2.0 or higher, as well as completing 67% of your classes, in order to remain eligible for aid. You must be attending classes regularly and making progress in those classes in order to make satisfactory progress.

Satisfactory Academic Progress Appeal

INSTRUCTIONS:

Your appeal statement must be typewritten and you must complete the academic program plan on the next page. These documents must be submitted together to the Financial Aid office. Appeals submitted without documentation or with incomplete documentation will not be reviewed.

This appeal and supporting documents will be presented to the appeals committee for consideration. Please allow up to 14 business days once the financial aid office has received all appropriate documentation for a response.

1. Please provide a **typewritten** explanation for any extenuating circumstances which caused a less than satisfactory progress on your part. Examples of extenuating circumstances may include illness, accidents, personal or family problems, divorce or separation, etc. Circumstances must be documented. Documentation may include medical bills and/or doctor's statements, letters from employers, counselors, teachers, etc., repair bills, police reports and/or legal documents.
2. Please document and list on the next page, the courses you will take during the award period for which you are applying for financial aid. If you are applying for a complete academic year, please include courses for all semesters including summer. Check if the course will be taken during the fall, spring or summer semester and indicate in what year. Attach additional pages if necessary.

COURSE #	COURSE TITLE	# HOURS	FALL 20__	SPRING 20__	SUMMER 20__

Student Signature:_____

Date_____

For Office Use Only:

(All documentation must be received prior to review of request)

Received: ____/____/____

Students File Completed on Date: ____/____/____

Criteria:

- ____ 1) Explanation for any extenuating circumstances
- ____ 2) Academic Plan completed with an academic advisor
- ____ 3) Has the student completed a SAP appeal before?

Appeal Action: ***Approved:*** ____ ***Denied:*** ____

Comments: _____

Reviewed By: _____

Date: ____/____/____