SATISFACTORY ACADEMIC PROGRESS APPEAL FORM
2019-2020

STUDENT NAME: ____________________________ SCC ID: __________

CURRENT PROGRAM OF STUDY: ____________________________

SATISFACTORY ACADEMIC PROGRESS POLICY

<table>
<thead>
<tr>
<th>TERM</th>
<th>SUBMIT APPEALS ON or AFTER:</th>
<th>DEADLINE DATE:</th>
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<tbody>
<tr>
<td>Fall 2019</td>
<td>July 1, 2019</td>
<td>August 30, 2019; 5pm central time</td>
</tr>
<tr>
<td>Spring 2020</td>
<td>November 1, 2019</td>
<td>January 17, 2020; 5pm central time</td>
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<tr>
<td>Summer 2020</td>
<td>May 1, 2020</td>
<td>June 1, 2020; 5pm central time</td>
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Federal regulations require students to meet Satisfactory Academic Progress (SAP) standards in order to receive federal financial aid.

SAP has three (3) components. A student must:
1. Successfully complete 66.7% of all attempted credit hours,
2. Maintain a 2.0 cumulative grade point average (GPA) or higher, and
3. Complete your program of study within 150% of the minimum credit hours required for your program.
   This includes earned transfer credit hours and all credit hours attempted at SCC.
   SAP calculations use a higher GPA if your program requires a higher standard.

If you fail to meet any of the criteria listed above, you are ineligible for financial aid.

You have the right to appeal your ineligibility if you experienced unforeseen, significant, and documentable extenuating circumstances. An extenuating or unforeseen circumstance is a significant life experience where the situation or outcome was beyond your control, could not be predicted or planned, and prevented you from succeeding academically.

The list, below, are examples of extenuating circumstances and suggested documentation. **Documentation of your circumstances is required.** Appeals received without documentation will not be considered. The Appeals Committee reserves the right to request additional documentation. **Your appeal and the supporting documentation will remain confidential.**

<table>
<thead>
<tr>
<th>Examples of Extenuating Circumstances and Documentation</th>
<th>Documentation from the attending doctor or hospital</th>
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<tbody>
<tr>
<td>Medical illness, injury, or disability</td>
<td>Documentation from the attending doctor or hospital</td>
</tr>
<tr>
<td>Death of an immediate family member</td>
<td>Obituary notice or funeral program. An explanation of your relationship to the deceased and the effect the death had on your ability to be academically successful.</td>
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<tr>
<td>Divorce or separation</td>
<td>Divorce decree, letter from an attorney, or signed statement from a counselor or therapist</td>
</tr>
<tr>
<td>Military service</td>
<td>Copy of military orders, or DD-214</td>
</tr>
<tr>
<td>Legal issues or police matters</td>
<td>Copy of court documents or police reports</td>
</tr>
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</table>
In the case of a Maximum Timeframe suspension, notate what caused you to go over the allotted hours for your program, and submit corresponding documentation.

The following are examples of circumstances that are not acceptable for an appeal. These include, but are not limited to:

<table>
<thead>
<tr>
<th>Reason</th>
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<tbody>
<tr>
<td>Your need for financial aid</td>
<td>You did not like the instructor</td>
</tr>
<tr>
<td>Lack of knowledge of SAP standards</td>
<td>You did not know what major to choose</td>
</tr>
<tr>
<td>You did not know what classes to register for</td>
<td>You stopped attending classes</td>
</tr>
<tr>
<td>You were too young/immature or not focused/committed to your education</td>
<td>You have already used the circumstance or documentation for a previous appeal</td>
</tr>
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**APPEAL PROCESS**

All appeal documents **must** be submitted to the Financial Aid Office between the submit date and the deadline date for the term in which you are requesting reinstatement of your financial aid. Appeals will not be processed if they are submitted early or late. Incomplete appeals will not be considered.

**A complete appeal includes all of the following:**

1. The current Financial Aid Appeal form, signed by the student.
2. A written statement identifying your Extenuating Circumstances AND submission of the supporting documentation. **If this is a subsequent appeal, the Extenuating Circumstances and supporting documentation must be different from prior appeals. You must also explain why you were unable to adhere to your prior appeal commitment.**
3. A written Corrective Action statement explaining what has changed in your situation that will help you to be academically successful.
4. Your Financial Aid advisor will contact you if an Academic Plan is needed. In that case, you will develop your Academic Plan with your Financial Aid advisor.

Note: The Extenuating Circumstances and Corrective Action statements must be two (2) separate, typed or legibly written statements and must contain enough detail for the Review Committee to make an informed decision regarding your status.

Please attach your two (2) statements to this form.

Address all terms of academic difficulty, including course withdrawals contributing to your current status. SCC looks at all terms of enrollment.

If your appeal is due to Maximum Timeframe, address why you have not been able to complete your degree or diploma requirements. If the Maximum Timeframe is due to a second degree or change in program, please explain why you are seeking a second or new degree/diploma.
SAP APPEAL CHECKLIST

Please check the box next to each required item indicating you have completed it:

☐ Satisfactory Academic Progress Appeal Form

☐ Identification of Extenuating Circumstances AND supporting documentation

☐ A typed or legibly written statement summarizing the extenuating circumstances and impact on academic success

☐ A typed or legibly written statement of corrective action you have taken to succeed academically

CERTIFICATION and SIGNATURE

☐ I certify that the information on this appeal form and all attachments are complete, true, and accurate to the best of my knowledge.

☐ If I have an Academic Plan, developed with my financial aid counselor, I agree to enroll only in classes listed on that plan.

☐ I understand I am currently ineligible to receive financial aid and am responsible for all charges on my bill.

☐ I understand that all information must be provided and be complete for this appeal to be considered. I understand this appeal is a request for reinstatement, but does not guarantee that financial aid eligibility will be restored.

☐ I understand the decisions made by the Appeals Committee are final and I am responsible for all institutional charges if my appeal is denied.

☐ I understand if my appeal is approved, my academic progress will be reviewed each term and failure to meet the conditions of my appeal may result in the loss of future financial aid.

☐ I understand in order to submit an appeal I must comply with the SAP policy and all other eligibility requirements set forth by the Financial Aid Office at Southeast Community College.

Student Signature: _________________________________________ Date: ______________

All communication regarding your appeal will be sent to you through your SCC email ONLY. Failure to respond to requests for information could result in the loss of Financial Aid eligibility.