

## Satisfactory Academic Progress Appeal Form

Last Name	First Name	Student ID#
Email Address	Telephone Number	Next term of attendance
Address	City, State	Zip Code

Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas – GPA, Hours Earned and Maximum Time Limit – to be eligible for federal financial aid. It is the student’s responsibility to stay informed of the college’s Satisfactory Academic Progress policy and to monitor their own progress.

A student has the right to appeal the disqualification of their financial aid eligibility. SAP Appeals will be handled on an individual basis. If the Director approves the petition, the student will be deemed to be making a satisfactory rate of progress for a period not to exceed one year. If during this time, the student meets the established standards, satisfactory progress will be re-established. Students will be notified of the decision in writing within 30 days.

**Check the reason for your appeal and follow instruction below. Please note: If appeal is incomplete (documentation or written statement not included or not readable), it will be returned to the student for completion.**

\_\_\_\_\_ Extenuating circumstance of a medical nature (i.e. illness or hospitalization, mental health issues)

- Attach a written statement explaining the medical circumstance. Include information that the situation is better and how you plan to succeed academically if given another opportunity.
- Attach supporting documentation (i.e. letter from health care provider)
- A Plan of Study completed by the student and their advisor showing the courses necessary to complete their program.

\_\_\_\_\_ Death or serious injury/illness of an immediate family member

- Attach a written statement explaining the situation (i.e. relationship of person to you).
- Attach supporting documentation (i.e. copy of obituary, memorial program, or death certificate).
- A Plan of Study completed by the student and their advisor showing the courses necessary to complete their program.

\_\_\_\_\_ Other extenuating circumstances such as Military Deployment \_\_\_\_\_

- Attach a written statement explaining the circumstance and how it impacted your academic performance. Include how the situation has been rectified and how you plan to succeed academically if given another opportunity.
- Attach supporting documentation (copies of legal documents, signed statements from other involved parties.)
- A Plan of Study completed by the student and their advisor showing the courses necessary to complete their program.

\_\_\_\_\_ Attempted maximum credits (you have attempted more than 150% of the required credits for your program of study.)

- Attach a written statement explaining the reason (i.e. changed majors, transferred in credits).
- A Plan of Study completed by the student and their advisor showing the courses necessary to complete their program.

\_\_\_\_\_ It has been one year since I was placed on financial aid disqualification

- Attach a written statement explaining what has changed and why you will be academically successful.
- A Plan of Study completed by the student and their advisor showing the courses necessary to complete their program.

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Action Taken by FA Office

**Lake Region State College  
Academic Plan of Study  
For Financial Aid Purposes**

This plan is being requested to help you and your advisor determine your continued eligibility for Federal Financial Aid. It will be used to clarify your current program, how many credits remain for you to complete your program and verify that you have received proper advisement in the registration process. Please indicate the courses you plan to take during each term until the point of graduation from your program.

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Current Degree (Cert., AA, AS, AAS, etc.): \_\_\_\_\_

Current Program: \_\_\_\_\_

Name of Program Advisor: \_\_\_\_\_

This plan was created as of this date: \_\_\_\_\_ Est. Graduation Date: \_\_\_\_\_

**Fall/Spring/Summer Semester (circle one)                      20\_\_\_\_ - 20\_\_\_\_ Academic Year**

Course Name	No. of Credits
_____	_____
_____	_____
_____	_____
_____	_____

**Fall/Spring/Summer Semester (circle one)                      20\_\_\_\_ - 20\_\_\_\_ Academic Year**

Course Name	No. of Credits
_____	_____
_____	_____
_____	_____
_____	_____

**Fall/Spring/Summer Semester (circle one)                      20\_\_\_\_ - 20\_\_\_\_ Academic Year**

Course Name	No. of Credits
_____	_____
_____	_____
_____	_____
_____	_____

Fall/Spring/Summer Semester (circle one)

20\_\_\_\_ - 20\_\_\_\_ Academic Year

Course Name

No. of Credits

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fall/Spring/Summer Semester (circle one)

20\_\_\_\_ - 20\_\_\_\_ Academic Year

Course Name

No. of Credits

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fall/Spring/Summer Semester (circle one)

20\_\_\_\_ - 20\_\_\_\_ Academic Year

Course Name

No. of Credits

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor:

Please make any comments below that may assist in determining financial aid eligibility:

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

Student:

It is required that you visit with your advisor about this plan to make sure that you are on the correct track to complete the program as stated on this form. The Financial Aid Office will contact the Advisor before making any further determination. Do not submit this form until all questions are completed.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date