

Satisfactory Academic Progress Appeal Form

Last Name	First Name	Student ID#
Email Address	Telephone Number	Next term of attendance
Maximum Time Limit – to be eligible for fed Satisfactory Academic Progress policy and t A student has the right to appeal the disqua negatively impacted their academic perform management, not understanding the SAP po	leral financial aid. It is the stud o monitor their own progress. Alification of their financial aid e nance. Extenuating circumstand olicy, or not knowing academic	ogress (SAP) in three areas – GPA, Hours Earned and ent's responsibility to stay informed of the college's eligibility if they had an extenuating circumstance that ces do not include working too much, poor time and financial aid dates of the institution. SAP Appeals will student will be placed on a Plan of Study or Probation
Check the reason for your appeal and follow statement not included or not readable), it		ee: If appeal is incomplete (documentation or written for completion.
how you plan to succeed a Attach supporting docume conditions that are specific A Plan of Study completed program. Family difficulties (i.e. death, divorce Attach a written statemen academic performance, are Attach supporting docume signed statement from far	It explaining the medical circums academically if given another open tation (i.e. letter from health of to your reason for your appeal by the student and their advisces, or serious injury/illness of an intexplaining the situation. Included what your plan is for academentation (i.e. copy of obituary, mily member affected).	stance. Include information that the situation is better and portunity. care provider, on official letterhead, listing dates and l). or showing the courses necessary to complete their mmediate family member) de information on how this situation impacted your
Other extenuating circumstances such Attach a written statemen how the situation has been Attach supporting docume A Plan of Study completed program. Attempted maximum credits (you have a Attach a written statemen A Plan of Study completed program. It has been one year since I was place Attach a written statemen	It explaining the circumstance and rectified and how you plan to entation (copies of legal docume) by the student and their advisorate attempted more than 150% at explaining the reason (i.e. chairs by the student and their advisorate on financial aid disqualifications texplaining what has changed as	and how it impacted your academic performance. Include succeed academically if given another opportunity. ents, signed statements from other involved parties.) or showing the courses necessary to complete their of the required credits for your program of study. In the inged majors, transferred in credits. Or showing the courses necessary to complete their

Student's Signature _____ Date ___

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. The Program Advising Sheet located on program web page can be used for the Academic Plan of Study. The Graduation-Audit feature in Campus Connection can be used to create a plan of study. Please consult with your advisor and have them review and sign the document. Then submit to the financial aid office.

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 Yea	r
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 C	redits	
Fall/Spring/Summer Semester (circle one)	20	- 20	Academic Year	
Course Name		No. of C		
Fall/Spring/Summer Semester (circle one) Course Name	20	20 No. of C	Academic Year	
Advisor: Please make any comments below that may assist	t in determini	ing financi	al aid eligibility:	
Student: I understand that if my appeal is approved, I have notice in order to continue receiving federal finance revert to disqualification.	-			
Student Signature			Date	
Advisor Signature			Date	