



**Satisfactory Academic Progress (SAP) Appeal Form
For Title IV Financial Aid Recipients**

This form is to be completed for a financial aid appeal ONLY. If you need to appeal academically, you must contact your specific department/college for the necessary paperwork.

Instructions: Please complete this packet to appeal your financial aid ineligibility. Failure to submit all documentation and follow instructions will result in a delay in the decision of your appeal.

STEP 1: Student Information

Name (Print): _____ Student ID: _____
Telephone Number: _____ (Where you can be reached between 8:00 a.m. – 4:00 p.m.)
Next semester that you plan on enrolling: _____ Program of Study: _____

STEP 2: Reason for Financial Aid Suspension

Please check all that apply. I am completing an appeal by answering all of the questions on this form in detail, and I am including supporting documentation for reinstatement of financial aid. I would like to appeal my financial aid suspension because:

- I currently have a cumulative grade point average (GPA) below the minimum standards (2.0) and feel that I have unusual circumstances.
- I currently have a cumulative completion ratio below the required standards (students must successfully complete at least 67% of credits attempted) and feel I have unusual circumstances.
- I have exceeded the maximum credit hour limit (150% of program length).

Step 3: Appeal Information

Financial aid ineligibility can be appealed if you have suffered undue hardship. In order for an appeal to be considered, your circumstances must meet at least one of the criteria in the chart below. Please indicate below which situation(s) best applies to the academic difficulty you experienced. In addition, all appeals must be submitted with supporting documentation and a completed academic plan. Examples of acceptable documentation are listed in the following chart. The documentation should be attached to the appeal at the time the appeal is submitted.

Check the Circumstance(s) that Apply	Required Documentation (must include dates)
<input type="checkbox"/> Severe illness, medical condition or injury	➤ Signed and dated letter from physician on office letterhead verifying medical problems experienced and treatment received ; legible copy of accident
<input type="checkbox"/> Death of family member or a close friend	➤ Death certificate and/or dated obituary from newspaper
<input type="checkbox"/> Traumatic life-altering event such as fire, hurricane, etc.	➤ Evidence of event such as insurance claim or FEMA application
<input type="checkbox"/> Other circumstance (Please clearly state the circumstance if not listed above): _____ _____ _____	➤ Appropriate documentation which will verify situation

You must complete the questions below. Be sure to respond to all questions. Please attach additional pages if necessary.

1. Explain the circumstances that prevented you from maintaining satisfactory academic progress and the reasons for the basis of this appeal. You need to state (A) what the problem was; (B) when did the problem occur; (C) how long did the problem last; (D) how did this affect your ability to complete your coursework; and (E) the steps taken to ensure that the minimum standards will be met at the next evaluation. Be as detailed as possible.

2. List the documents below that you have attached to support our appeal for reinstatement. Please explain how each relates to or supports the circumstance(s) discussed in question #1.

Checklist (Please verify that you have completed these items.)

- I have read and understand NWLTC's Satisfactory Academic Progress Policy.
- I have completed the appeal form and all questions have been answered in depth.
- Documentation to support my appeal has been attached.

Please note that submitting incomplete information will result in a delay in the processing of your financial aid.

Certification of Information

- I certify that the information I have provided is true and complete to the best of my knowledge. I realize that giving misleading information or forged documentation will result in my being reported for appropriate disciplinary action. Furthermore, I realize that additional information may be requested by the Office of Financial Aid to further support my appeal.
- By signing, I certify that I understand the academic requirements/academic plan recommended. If I fail to meet the requirements outlined in this plan, my future eligibility for financial aid will be suspended.

Student's Signature: _____ **Date:** _____

**Please return your completed appeal packet with
Supporting documentation to the
Financial Aid Office.**

Date forms were returned to financial aid office: _____

FOR COMMITTEE USE ONLY

STATUS OF REQUEST:

_____ **Approved ACADEMIC PLAN based on the following: The student must maintain a semester GPA of at least a 2.25 for each semester until a satisfactory cumulative GPA is earned. In addition, the student must maintain a financial aid percentage of at least 75% each semester until a satisfactory cumulative percentage is earned. Progress will be monitored each semester.**

_____ **Approved – The student will after one semester have a 2.0 cumulative GPA and 67% completion rate.**

_____ **Denied – Student can apply for reinstatement after a successful semester (enroll in at least 6 hours in a semester, pay fees, and earn 'C' grades or better).**

Committee member signature/Date

Committee member signature/Date

Committee member signature/Date

COMMENTS:

