

Financial Aid Satisfactory Academic Progress Appeal Form

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|------------------------|--------------------------|
| Student Name: | Student ID#: |
| Address: | DOB: |
| City, State, Zip Code: | Phone Number: () |

Please describe the extenuating circumstances in which you believe contributed to your inability to maintain satisfactory academic progress. Please attach additional pages if the provided space is not adequate. The notification of the Federal SAP Appeals Committee decision will be mailed to you at the above address.

- If your suspension was due to exceeding the maximum number of hours required to complete your degree, you must also submit the completed **Remaining Hours Required for Degree Completion Form**, signed by your academic advisor. Appeals will not be considered until all required forms have been submitted.
- Please include any documentation that supports your appeal (statements from an advisor, physician etc.). If you possess supporting documentation and choose not to submit it, your appeal may be denied due to a lack of documentation.
- Please refer to the SJC Federal Satisfactory Academic Progress Policy for more information.

Please Note: You may also be subject to academic probation and/or dismissal. Should you be placed on academic probation, or dismissed from the college, you will be notified of this under separate cover by the Academic Development Committee and the Office of the Academic Dean. Academic probation and/or dismissal involve a separate appeals process.

Federal Financial Aid Appeals: I fully understand that, should this appeal be granted, I will be placed on federal financial aid probation with the receipt of my federal financial aid for subsequent semesters contingent upon my academic performance during the probationary period.

By signing this document, I am certifying that everything I have stated is true. In addition, the documentation included is accurate to the best of my knowledge. Should the committee find anything provided in support of my appeal to be inaccurate, I understand that my appeal will be denied.

Student's Signature

Date