



2019/2020 Satisfactory Academic Progress (SAP) Appeal Form

Student Name: _____ ID # _____

Phone # () _____ Email: _____@student.tsc.edu

Term: Fall 2019 (priority deadline 7/31/19) Spring 2020 (priority deadline 12/6/19) Summer 2020 (priority deadline 5/15/20)

The latest an Appeal will be accepted or completed for consideration for the current semester will be the last day to withdraw for that semester (see academic calendar for respective date at <http://www.tsc.edu/index.php/new-students/academic-calendar.html>).

Incomplete appeal packets will be denied.

Please initial to certify that you have read and that you are attaching all documents below to this appeal:

1. _____ Attach a Personal Statement. Statement/letter must be typed and MUST explain the following:
 - A. **What were your extenuating circumstances that prevented you from meeting SAP? Include relevant dates.**
 - B. **What has changed in your situation that will allow you to demonstrate Satisfactory Academic Progress at the end of the next semester?**
2. _____ Supporting documentation for each term in which you did not meet SAP and which proves extenuating circumstances.
3. _____ Current degree audit (available for print via TSC Online)

IMPORTANT: Financial Aid evaluates your entire academic history, not just the most recent semester or year. You need to review your transcript to identify and address ALL semesters in which you had poor academic performance (withdrawals, dropped courses, incompletes, and failing grades).

Type of Appeal - Check all that apply.

- For Veteran’s Hazlewood benefits only.
- GPA
- Completion Rate
- Timeframe (Maximum Hours) – Address the need to enroll in a greater number of credit hours than is normally associated with the completion of the degree requirements. Please indicate if you are a transfer student, have recently changed majors, or were required to enroll for developmental or preparatory courses.

Reason for Appeal – Check all that apply.

- Medical – If you experience a medical condition, illness, or injury which resulted in Financial Aid Suspension, attach documentation confirming you received medical treatment for the semester (s) affected.
- Death/Illness – If the death or illness of a family member had a negative impact on achieving your academic goals, please attach appropriate copies of medical records, death certificate, or obituary, etc.
- Other Circumstances – Please explain extenuating circumstance(s) and attach appropriate documentation. If you have already earned a degree, provide a copy of your earned degree audit, which can be accessed via TSC Online.

Please allow 15 business days to process.

For additional information regarding SAP, please visit:

<http://www.tsc.edu/index.php/financial-aid-office/general-information/satisfactory-academic-progress.html>



19/20 SAP Appeal - Academic Plan

Student Name: _____ ID # _____

In the event that your appeal is approved, you must meet the conditions outlined below. Please **read and initial** the following statements below:

_____ I understand I must earn a minimum semester GPA of 2.0 during each enrolled sessions/semester until I regain Good standing based on the Financial Aid SAP standards.

_____ I understand I must complete 100% of all enrolled courses until I regain Good standing based on the Financial Aid SAP standards (i.e. I cannot drop any courses after the Official Record Date of each enrolled semester.)

_____ I understand I must remain on schedule to complete my current program of study within **150%** of the minimum number of hours required for graduation.

_____ I understand I must enroll only for courses in my degree audit or in developmental or preparatory courses required for my current program of study.

_____ I understand that if I do not meet the conditions of my approved Financial Aid SAP Appeal, and Academic Plan, I will no longer be eligible for financial aid until I regain Good standing based on the Financial Aid SAP standards.

_____ I understand that it is my responsibility to make payment arrangements if I do not meet the Appeal priority deadline.

To be completed by an Academic Advisor

Current Academic Program of Study: _____ Catalog Year: _____

Number of credit hours needed for degree completion (**include current term**): _____ Expected Graduation Date: _____

***Note: Student will not receive financial aid for attempting any additional hours beyond the hours indicated above or not part of program of study. ***

Academic Advisor Name: _____ Signature: _____

Extension: _____ Date: _____

Student Certification:

I understand decisions on appeals are on a case-by-case basis. If approved, I must meet the conditions of my appeal for the duration of my Academic Plan. I will be notified if any further information is needed and of the committee's decision to my TSC email. Any fees I may owe the institution are due on the date specified regardless of the appeal status.

By signing below, I confirm my understanding of the requirements of the Financial Aid Satisfactory Academic Progress Policy and the conditions of my appeal and academic plan.

Signature: _____ Date: _____