



## 2020/2021 Satisfactory Academic Progress (SAP) Appeal Form

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

Phone # ( ) \_\_\_\_\_ Email: \_\_\_\_\_@student.tsc.edu

Term:  Fall 2020 (priority deadline 7/31/20)  Spring 2021 (priority deadline 12/4/20)  Summer 2021 (priority deadline 5/14/21)

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>).

**Please allow 10 business days to process.**

### Incomplete appeal packets will be denied. Required documents be included with 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).*

### Reason for Appeal:

- **For Veteran's Hazlewood benefits only.**
- **GPA** (Must maintain a minimum 2.0 GPA)
- **Completion Rate** (must complete minimum of 70% of all attempted courses)
- **Timeframe / Maximum Hours** (complete your program on time and within 150% maximum hours allowed)

### Extenuating Circumstances include:

- **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.

*For additional information regarding SAP, please visit:*

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



**2020/2021 SAP Appeal - Academic Plan**

Please ***read and initial*** the following statements below to indicate that you understand the conditions outlined 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.

\_\_\_\_\_ The committee may impose additional requirements when deemed necessary and will inform you about them in writing.

**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: \_\_\_\_\_