

Date Received

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2026-2027 Pierpont Community & Technical College Satisfactory Academic Progress Appeal Form

Name: _____

Student ID#: _____

Address: _____
Street City State Zip

Phone Number: _____

Email: _____@student.pierpont.edu

Program of Study: _____

GPA: _____

Hours Attempted: _____

Hours Completed: _____

- 1.** Please consider this appeal for enrollment in: (circle one) **2.** Reason for federal financial aid suspension – check appropriate statement(s):
- Priority submission date below:**
- Fall 2026 August 24, 2026
- Spring 2027 January 25, 2027
- Summer 2027 June 1, 2027
- _____ Did not complete 67% of attempted hours
- _____ Did not meet GPA requirement (see policy)
- _____ Exceeded max. time-frame

- 3.** You may submit a Satisfactory Academic Progress Appeal for extenuating circumstances: (Please check one)
- _____ Serious illness or injury that required extended recovery time
- _____ Death or serious illness of an immediate family member
- _____ Significant trauma that impaired your emotional and/or physical health
- _____ Other documented circumstances (Explain: _____)

- 4.** In order for your appeal to be reviewed, you must submit this form (**completed**), along with **all required documents** (see below) to the Financial Aid Office by the deadline above. **We will not contact anyone to obtain information about your appeal. You must submit a completed SAP Appeal.**

Required Documentation

- Why you failed to make Satisfactory Academic Progress Detailed corrective action you have taken
- What has changed that will allow you to make Satisfactory Progress at the end of the next semester.
- Documents that support your request (i.e., statements from physicians, counselors, clergy, medical records, court documents, birth/death certificates, obituaries, etc.)
- Printout from Degree Works verifying classes completed, in-progress and still needed.

- 5. Certification: I understand that the Financial Aid Office will not accept or process my appeal if it is incomplete or lacks documentation.** I am therefore submitting my complete appeal. I certify that all information submitted on this form and all supporting documentation is accurate, true, and complete to the best of my knowledge. I understand that any false information may be cause for the denial, reduction, and/or repayment of student financial assistance and may subject me to a fine, imprisonment, or both under provisions of the U.S. Criminal Code

Student Signature

Date

For Office Use Only:

Previous appeal: Y or N
 Approve Deny

Counselor Signature

Date

Comments: