

Date Received

Date Scanned

2018-2019 Pierpont Community & Technical College Satisfactory Academic Progress Appeal Form

Name: _____ Banner ID#: F00 _____

Address: _____
Street City State Zip

Phone Number: _____ Email: _____@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):
- Must submit by date below:**
- Fall 2018 August 3, 2018 _____ Did not complete 67% of attempted hours
 Spring 2019 January 4, 2019 _____ Did not meet GPA requirement (see policy)
 Summer 2019 May 17, 2019 _____ 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 package.**

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.)
- Your academic plan – classes you intend to take, when you plan to graduate, etc. Your advisor can assist you with this or the advising center if you have not declared a major.

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. I also understand that the Academic Plan that I am submitting may need to be modified after review by Financial Aid.

Student Signature

Date

For Office Use Only:

Previous appeal: Y or N
 Approve Deny

Counselor Signature

Date

Comments: