

Date Received

Date Scanned

## 2023-2024 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 date for review:**  
 Fall 2023 August 18, 2023  
 Spring 2024 January 19, 2024  
 Summer 2024 May 24, 2024
- \_\_\_\_\_ 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.)

- 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: