MOTT COMMUNITY COLLEGE

Satisfactory Academic Progress (SAP) Appeal

2011-2012

Student Name:_____ **Student ID**:_____

Semester(s) you wish to receive financial aid: Summer_____ Fall_____ Winter_____ Spring_____

Program of Study_____

I would like to appeal my financial aid suspension because:

☐ I currently have a cumulative grade point average (GPA) below a 2.0 and feel I have extenuating circumstances. Therefore, I am writing an appeal and I am including ***supporting documentation for my reason(s)** with my appeal.

☐ I currently have a cumulative completion rate that is less than 67%, which is required by the U.S. Department of Education and I feel I have extenuating circumstances. Therefore, I am writing an appeal and I am including ****supporting documentation for my reason(s)** with my appeal.

☐ I have exceeded the maximum 93 credit hours required to complete my program of study. I am writing an appeal to explain why I am over the 93 credits and why I have not completed my program of study. A completed **"Degree Review" form** is included with my appeal.

Statement of Appeal

Please provide **(1)** the extenuating reason(s) you were not able to remain successful academically or why you exceeded the maximum 93 credits to complete your program, **(2)** the time period of your extenuating circumstances, and **(3)** what actions you have taken to prevent being unsuccessful from this point forward.

Please return the SAP appeal, **along with *supporting documentation**, to the Office of Student Financial Services. All correspondence concerning an appeal determination will be emailed to your student email account or mailed to the address on system.

Failure to provide supporting documentation of your extenuating circumstances may result in your SAP appeal being denied for the year.

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Please attach additional pages, if needed.

Student Signature: _____ Date: _____