



## **Satisfactory Academic Progress Appeal Form**

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

The Office of Student Financial Services has determined that you have not maintained the colleges Satisfactory Academic Progress (SAP) Policy. You may use this form to request a reevaluation of your ineligibility for financial aid based on insufficient progress towards your degree program, during which extenuating circumstances beyond your control prevented you from meeting the SAP requirements. Along with the submission of an Educational Development Plan completed with your Academic Advisor (separate form).

### **Step One – SAP Acknowledgement & Certification Statement**

Initial the following statements to acknowledge your SAP status and understanding of the requirements of submitting this SAP Appeal form:

- \_\_\_\_\_ I have read and understand Peirce College's Satisfactory Academic Progress policy.
- \_\_\_\_\_ I understand that the SAP Appeal process is for students impacted by exceptional or extenuating circumstances (circumstances beyond the student's control).
- \_\_\_\_\_ I understand that official supporting documentation is required for all academic SAP Appeals as proof of the circumstances stated below. *(Maximum Time-Frame student may be granted leniency on this requirement).*
- \_\_\_\_\_ I understand that all SAP appeal decisions are final, and if for any reason my SAP appeal is not approved, an appeal of that decision will not be granted.
- \_\_\_\_\_ I understand that it is my responsibility to seek alternative means of funding and meet all SAP requirements to regain financial aid eligibility while on SAP Suspension.
- \_\_\_\_\_ I understand that I must complete an Educational Development Plan (EDP) with my advisor in addition to this form, before an appeal decision will be made.

### **Step Two - Reason for Financial Aid Suspension (Please check all that apply)**

I am completing an appeal by answering all of the questions on this form in detail, and I am including supporting documentation for reinstatement of financial aid. I would like to appeal my financial aid suspension, and will address this choice in my appeal letter due to:

#### **NON-SATISFACTORY PROGRESS DUE TO LOW GPA OR PACE**

- \_\_\_\_\_ Extenuating Medical Circumstance – such as severe illness, injury or medical condition
- \_\_\_\_\_ Extenuating Personal Circumstance – Death of a family member, traumatic life-altering event such as fire, hurricane, Covid-19, etc. or other circumstances beyond the control of the student

#### **OR NON-SATISFACTORY PROGRESS DUE TO MAXIMUM TIME-FRAME**

- \_\_\_\_\_ Maximum Time Frame reached due to major type, change in major or other reasons *(having reached 150% of program requirements. Review SAP Policy for program examples).*



### **Step Three - Student Appeal Letter**

Attach a detailed letter, attesting to your circumstance and documentation as listed above in step two. Letter should address and include the following:

- Please describe the unforeseen circumstance which may have prevented you from meeting the SAP Standards during previous semesters?
- How has the situation been resolved?
- What steps have you taken to ensure your future academic progress will not be affected?

### **Step Four – Documentation**

Attach documentation, proof, of the unforeseen circumstance that may have prevented you from meeting the SAP Standards.

<b>Circumstance(s) that apply:</b>	<b>Documentation needed (must include dates)</b>
Severe illness, medical condition or injury	Signed & dated letter from physician on official/office letterhead; legible copy of accident report
Death of a family member	Death certificate and/or official obituary
Traumatic life-altering event such as fire, hurricane, Covid-19, etc.	Evidence of such event such as an insurance claim or FEMA application
Other circumstances beyond the control of the student (must explain in detail the nature of the circumstance and dates of the unexpected circumstance)	Appropriate documentation which will verify the situation

**AN APPEAL SUBMITTED WITHOUT ALL REQUIRED DOCUMENTATION (ITEMS LISTED ABOVE), WILL AUTOMATICALLY BE DENIED.**

I certify that all information reported is complete and correct to the best of my ability, and that I have attached the relevant documentation, if applicable. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and may subject the financial aid recipient to be fined, imprisoned, or both under provision of the U.S. Criminal Code.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_