

Satisfactory Academic Progress (SAP) Appeal Form

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	STUDENT NA	ME (print): ID #
ha ha eto an	as little control. appen in a stude c. However, each d how the stud	Holy Cross knows that events (death of a family member, illness, e.g.) happen in a student's life over which the student We also know students sometimes have trouble adjusting to college. The university will consider special circumstances that ent's life such as death of a family member, student illness, transition to college issues, being called to the military, ch student must describe what impact the circumstance had on academics, what the student has done to address the impact lent plans to be successful. If the student is not yet prepared to vigorously focus on academics with assistance if necessary, ld not submit an appeal.
be	placed on a str	approves an appeal and student cannot correct the satisfactory progress violation by the end of the next term, the student wil rict academic plan which will include specific courses to take each term, grades to be earned in the courses and possible other support services.
I	Identify the se	emester for which you are submitting your appeal: Fall 20 Spring 20 Summer 20
	Step 1: Your R Financial Aid Of ——	Reason for appeal - Select the reason(s) for your appeal (refer to the SAP suspension notification sent to you by the ffice): Grade Point Average (GPA): Your GPA is below the minimum requirement (2.0 Undergraduate, 3.0 Graduate)
		Completion Rate: Your cumulative completion (overall attempted vs. successfully completed credit hours) rate is below 75%.
		Maximum Timeframe: You have <u>attempted but not completed</u> more than 150% of the credits required for your program of study.
9	Step 2: Your A	Appeal Letter and Supporting Documentation - Attach the completed form that clearly explains your situation.

If you have a completion rate or GPA deficiency, provide a written explanation of your extenuating circumstances, including the measures you will take to resolve this deficiency. If you are appealing maximum timeframe violation, please explain in detail the factor(s) that have caused you to exceed the maximum credit limit and your plan to complete your degree or certificate. This is your opportunity to discuss the specific factors that adversely impacted your academic performance. It is also the place for you to outline the measures you plan to take to return to good standing.

Attach all supporting documentation.

Explain the extenuating circumstances that contributed to your deficient academic standing:

- Death in the family. State how this person was related to you (i.e. parent, spouse, sibling, etc.). You must provide a copy of the death certificate or related documentation.
- Disabling illness or injury to the student. Please provide supporting documentation from your medical provider.
- Disabling illness or injury of immediate family member that required your care. Please provide supporting documentation from your medical provider.
- Emotional or mental health issue (for student) that required professional care. Please provide supporting documentation from your medical provider, social worker or other professional.
- Other unusual circumstances beyond your control. Provide any supporting documentation that explains these circumstances.
- For Spring 2020, COVID-19 may have contributed to your extenuating circumstances. You must submit an explanation with your appeal.

meeting the requ your academic ad	irements as well a	as develop and ag can agree on the sp	ree to an Academ pecific steps and pe	ic Plan leading to	graduation. Com	plete the plan be	ed him or her from low and meet with egree or certificate		
ACADEMIC	PLAN PROJECTION	ON (Completed b	ov vour academic	advisor)					
	ACADEMIC PLAN PROJECTION (Completed by your academic advisor) Your Current Overall OLHCC GPA MajorTotal Credits Earned (include transfer								
	In the next semester, you must earn this number of credits								
In the seme	In the semester(s) below, you must earn this GPA as indicated?								
With your academic advisor, construct a plan of study for three semesters or through the semester you expect to graduate (whichever is less). Beginning with the current semester (or your next planned period of enrollment if not currently enrolled), list the SEMESTER, THE COURSE, COURSE NUMBER, AND CREDITS. Include only credits for courses required to complete YOUR OLHCC degree(s).									
Semester and	l Year:	Semester and Y	Year:	Semester and Y	/ear:	Semester and Year:			
Course	Credit Hours	Course	Credit Hours	Course	Credit Hours	Course	Credit Hours		
Minimum Terr	m GPA:	The Minimum Ter	I rm GPA in these tern	l 1s will be dependent	I t on the GPA you ach	I nieve in the first ser	nester of this plan.		
I have discussed the above terms and academic plan with the student, so that the student can meet the Satisfactory Academic Progress (SAP) standards to maintain his/her financial aid eligibility toward the major the student is pursuing. ACADEMIC ADVISOR'S SIGNATURE: DATE: Step 4: Update your Academic Plan with the Registrar – After meeting with your academic advisor, submit your academic plan to the Registrar's Office to be updated into your academic records with the College.									
Registrar's Office: Academic Record Updated Date: Step 5: After your form has been completed and signed by you and your academic advisor, please keep a copy for your records and submit the completed form, Appeal Letter, Supporting Documentation and Academic Plan to the Financial Aid Office. Incomplete appeals will not be considered.									
CERTIFICATION: I certify that the information on this form and any attachments is complete and accurate. I understand that I am responsible for meeting any payment deadlines while waiting for an appeal decision and approval of my appeal is not guaranteed. I understand that if my appeal is approved, my academic progress will be reviewed each semester and my failure to meet the conditions of my approved appeal will result in the loss of my future financial aid. If my appeal is approved for one term, I understand that the College must compare my new grades to my academic plan to measure my success. If I did not meet the terms of the appeal, I will not be eligible for financial aid. If I have registered for classes and cannot afford the classes, I should withdraw from the classes I cannot afford. I understand that a second appeal will not be granted. STUDENT SIGNATURE: DATE:									
Financial Aid Of	fice use only								

Counselor's Decision:	Approved _	Denied	Date:	



Satisfactory Academic Progress Appeal Letter

STUDENT NAME (print):	UIN: _
This is your opportunity to describe the specific factors that adversely impacted your acade outline the measures you plan to take to return to good standing. THIS SHOULD NOT MER Your satisfactory academic progress (SAP) appeal explanation MUST include the following:	mic performance. It is also the place for you to ELY BE A STATEMENT OF GOOD INTENTIONS.
 Explain what happened - why you were unable to maintain satisfactory p Explain what has changed - the corrective measures you have taken or w academic progress. 	=
Consider the amount of loans that you have borrowed in conjunction with your unsatisfactor	ory academic progress.
My Total Student Loan Debt: \$Academic Class Level: (You can access www.studentloans.gov using your FAFSA PIN to determine the student loans you have	borrowed to date)
What happened? Describe the circumstances beyond your control that led to your failurequirements. Attach documentation to support the claim when appropriate.	ure to meet the Satisfactory Academic Progress
What has changed? How do you plan to meet the Satisfactory Academic Progress requirement: success?	s in the future? What has changed to promote your
(Please attach separate pages if necessary.)	

ignature:			Date	
		•		
Example of a Satisfac	ctory Academic Pro	ogress Letter		

Date: January 2, 2012

Name: Stew Dent

Student ID: 000123456

RE: SAP Appeal Explanation Statement

What happened:

I was involved in a car accident on October 12, 2011. I was in the hospital for two weeks because of a broken leg. Then I needed to have physical therapy every day for six weeks. This interfered with my ability to attend classes on a regular basis. I was unable to complete the fall 2011 semester and this affected my academic progress.

What has changed:

My leg has healed and I feel confident that I am able to continue my coursework and improve my academic progress. I intend to register and repeat the coursework in the classes that I failed. I will also take the workshop offered thru the Academic Success Center called Second Chances: Success in the Repeated Course. I will also use the assignment planner on the library website to help me stay on track.

Attached is documentation verifying my accident:

- A note from my doctor showing that I was under his care during the above time, and why. The note also shows that my doctor released me to return to school on January 1, 2012.
- A copy of my hospital bill showing the dates of my stay
- A statement from my physical therapist indicating my therapy schedule

Continuation of Academic Plan

ST	UDENT NA	ME (print):				UIN: _		
		d an appeal and es ss standards. This				c performance to 1	neet the minimu	m Satisfactory
Id	entify the se	emester for which	you are submitt	ting this plan: Fal	ll 20 Spi	ring 20 \$	Summer 20	
the acac	requirement: lemic advisor	s as well as devel	op and agree to a gree on the specifi	an Academic Plan	leading to gradua	rcumstances that pation. Complete to com	he plan below ar	nd meet with you
	ACADEMIC	PLAN PROJECTION	ON (Completed b	y your academic	advisor)			
	Your Curre	nt Overall OLHCC (GPA Majo	r	_Total Credits Ea	rned (include tran	sfer	
	In the next	semester, you mus	st earn this number	er of credits				
	In the seme	ester(s) below, you	ı must earn this G	SPA as indicated?_				
less] COU). Beginning v RSE, COURSI	with the current se E NUMBER, AND C	emester (or your r REDITS. Include o	next planned perio	od of enrollment if urses required to	e semester you ex f not currently enr complete YOUR OI	olled), list the SE	MESTER, THE
_	emester and Year:			1				
	Course	Credit Hours	Course	Credit Hours	Course	Credit Hours	Course	Credit Hours
-								
N	linimum Teri	M GPA:	The Minimum Ter	 rm GPA in these term	 ns will be dependen	l t on the GPA you ach	ieve in the first sen	nester of this plan.
stan AC A	dards to maii	ntain his/her finan VISOR'S NAME:	cial aid eligibility	toward the major	the student is purs	_	·	Progress (SAP)
A	CADEMIC A	DVISOR'S SIGNA	ATURE:			DA	ATE:	
res un of Co be	sponsible for derstand tha my approved llege must co eligible for f	meeting any paym t if my appeal is ap l appeal will result ompare my new gr	ent deadlines whi proved, my acade in the loss of my ades to my acade we registered for	ile waiting for an a emic progress will future financial ai mic plan to measu classes and canno	ppeal decision an be reviewed each d. If my appeal is re my success. If	mplete and accurat d approval of my a s semester and my approved for one t I did not meet the es, I should withdra	ppeal is not guara failure to meet th erm, I understan terms of the appo	anteed. I ne conditions d that the eal, I will not
CTII	DENT SIGN	ΙΔΤΙΙRF·				DΔTF·		