



Financial Aid Satisfactory Academic Progress Appeal Form

Federal Regulations require that students must maintain Financial Aid Satisfactory Academic Progress (SAP) to receive State and Federal Title IV aid (whether or not you have received financial aid previously). If you are denied financial aid because of failure to maintain SAP, you may appeal. To be successful, you must document extenuating circumstances beyond your control, such as serious illness or a death in your immediate family, which prevented you from meeting minimum SAP requirements.

To file an appeal:

- Complete Sections A and B of this form.
- Gather supporting documentation.
- Meet with your adviser to develop an academic plan that will result in you meeting SAP standards. Attach a copy of your plan to this appeal. Your adviser must complete Section C.
- Sign Section D of this form.
- Submit the completed form, with the required documentation, academic plan, and signatures.

Appeals will be reviewed TWICE per month. We will attempt to make a decision on all completed appeals prior to the start of each semester. Students will be notified in writing of the decision.

| SECTION A. Student information | | |
|--|--------|---|
| Name (last, first, middle initial): | | Student ID: |
| Tech email: | | Phone (include area code): |
| Address: | Major: | Catalog Year (<i>Plan of Study must match curriculum for student's registered catalog year</i>): 20__ - 20__ |
| SECTION B. Explain your unusual circumstances and what has changed that will allow you to meet SAP standards. | | |
| <p>You must attach, a TYPED statement, explaining your unusual circumstances & what has changed that will allow you to meet SAP standards. Be specific in describing the factors that caused you to fail to meet SAP standards as well as describing the actions you will take to improve your performance. You must attach appropriate supporting documentation to this form according to these guidelines:</p> <ul style="list-style-type: none"> • If a family member or significant person in your life has died, please attach a copy of the obituary or death certificate. • If you, a family member, or a significant person in your life has had a serious illness, accident, or injury, please attach a statement from a doctor or other professional third party, and/or a police report, and/or a hospital bill. • If you or your parent has had a divorce, please attach a copy of a letter from an attorney or the divorce decree. • If you have experienced personal problems or issues with your spouse, family, or roommate, please attach a statement from a doctor, counselor, lawyer, or other professional third party. • If you have reduced your work schedule to allow for more time in which to study, please provide a letter from your employer. <p>If you have any specific questions regarding your situation, please contact our financial aid office to review what is needed for your appeal.</p> | | |

SECTION C. Plan of Study (asterisk any repeat courses) *List course SUBJ & NUMB. Example MATH 111*

| Fall 20__ Course(s) | Credits | Spring 20__ Course(s) | Credits | Summer 20__ Course(s) | Credits |
|---------------------|---------|-----------------------|---------|-----------------------|---------|
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| | | | | | |
| | | | | | |
| Total | | Total | | Total | |
| Fall 20__ Course(s) | Credits | Spring 20__ Course(s) | Credits | Summer 20__ Course(s) | Credits |
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| | | | | | |
| Total | | Total | | Total | |

CERTIFICATION: The above courses are required for the student’s degree, according to the student’s official catalog year curriculum.

| | | |
|---------------------------|---|--|
| Expected graduation date: | Number of credits earned that apply toward degree: | Number of credits remaining to earn degree: |
| Advisor Name: | | Phone: |
| Advisor signature: | | Date: |

Section D. Student certification

I understand I must successfully complete the academic plan developed and agreed upon with my adviser to remain eligible for financial aid.

| | |
|--------------------|-------|
| Student signature: | Date: |
|--------------------|-------|