

Office of Financial Aid

COVID-19 Appeal

SAP and R2T4

A Member of the Alabama Community College System

Complete this form **only if** you were enrolled during the Spring 2020 semester and COVID-19 affected your academic performance. Attach the requested documents and return to the Financial Aid Office. If your appeal lacks the requested documents or you leave information blank, the process will be significantly delayed.

We recognize that COVID-19 could have played a role in your withdrawal and or failure to complete classes in which you were enrolled for spring 2020. If this the case, you may be eligible to have the Satisfactory Academic Progress and/or Return to Title IV requirements waived. However, the Financial Aid Office is required to obtain and maintain written documentation to waive these requirements.

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Last Name First Name Bishop State ID Number

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@bishop.edu](mailto:_______________________@bishop.edu) Appeal is to Attend Summer Fall

Bishop State Email Address Circle your answer

**Required Documentation and Reasons for the Appeal -** Complete all of the items below with as much detail as possible. Your responses should be provided on a separate sheet(s) of paper and attached to this form.

1. Provide your own **type written** statement describing the reasons surrounding your withdrawal or lack of satisfactory progress during the spring 2020 semester.

* Be specific and concise in your explanation. Incomplete information will cause a delay in the review of your appeal or denial of your request.
* If appropriate, you may also provide a letter of support from an individual who is familiar with the specific circumstances surrounding your personal situation.
* If medical problems, specifically COVID-19 played a role attach any supporting evidence to more fully explain your particular situation. Complete medical records are **NOT** needed.
* Allowable circumstances include, but are not limited to illness of the student or family member, need to become a caregiver or first responder, loss of childcare, economic hardship, inability to access Wi-Fi due to closed facilities, or an increase in work hours as a result of the Covid-19 emergency.

**WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to prison, and/or removed from school.**

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Student’s Signature Date

FORM – SAP - APPEAL

Appeal APPROVED Appeal DENIED

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Financial Aid Manager Date

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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