

Office of Financial Aid

Satisfactory Academic Progress Appeal

A Member of the Alabama Community College System

To appeal the loss of your eligibility, you must complete this form, attach the requested documents, and return to the Financial Aid Office. Please allow 7 to 10 days for a final decision once all documentation is received. If your appeal lacks the requested documents or you leave information blank, the process will be significantly delayed.

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Last Name First Name Bishop State ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@bishop.edu

Social Security Number Birthdate Bishop State Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_ AA AAS Certificate\_\_\_\_\_

Program of Study Graduation Mon/Yr Circle One

Appeal is for which semester? Fall Spring Summer Year \_\_\_\_\_\_\_

Satisfactory Academic Progress is calculated on cumulative college work. All attempted hours, earned hours, and grade point averages must be considered for continuation of federal aid eligibility.

Have you attended any colleges/universities other than Bishop State? \_\_\_\_\_\_\_\_

If yes, please list below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will be required to have **official** transcripts on file in Admissions and Records prior to your appeal being processed. Failure to report previous schools may result in your appeal being significantly delay and/or denied.

**Required Documentation and Reasons for the Appeal**

Complete all of the items below with as much detail as possible. The responses to the numbered items 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 and the extenuating circumstances surrounding your lack of satisfactory progress.
* Indicate the particular academic terms and/or courses for which you registered, but did not subsequently earn credits. 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 lack of sufficient progress.
* Please indicate what you have done to address the problems that have prevented you from maintaining satisfactory progress.
1. If medical problems played a role attach any supporting evidence to more fully explain your particular situation. Complete medical records are NOT needed.
2. If the suspension is due to exceeding the maximum allowable time frame for completing a program of study, please provide circumstances that may have caused the accumulation of extra hours, particularly if you have changed majors.

Please initial each item indicating that you have read and understand the information below:

\_\_\_\_ I understand that decisions on appeals are processed on a case-by-case basis.

\_\_\_\_ I have read the Bishop State SAP policy and understand why I am not making satisfactory

 academic progress.

\_\_\_\_ I understand that I must maintain enrollment and satisfactory academic progress to

 maintain eligibility in the future.

\_\_\_\_ I understand that appeals turned in without supporting documents will be delayed and/or denied.

\_\_\_\_ I understand that I must complete a FAFSA application in order to receive federal aid.

\_\_\_\_ I understand that all outstanding financial aid requirements must be satisfied in order to receive federal

 aid.

\_\_\_\_ I understand that I will be required to take only courses in my Program of Study to receive federal

\_\_\_\_ financial aid.

\_\_\_\_ I understand that current semester grades have to be complete for my appeal to be considered.

\_\_\_\_ I understand that the decision of the Office of Financial Aid for SAP appeals is final.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

FORM – SAP - APPEAL

no electronic signature, must be original

**DO NOT WRITE IN THE BOX BELOW**

**FOR FINANCIAL AID OFFICE USE ONLY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Total Earned Hours Total Attempted Hours Completion Rate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative GPA Previous Appeals EFC/Hours Enrolled

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Lifetime Pell Eligibility Previous Loans Other

Appeal APPROVED Appeal DENIED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid Director Date

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

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