



A Great Place To Start™
A Member of the Alabama Community College System

Office of Financial Aid
Satisfactory Academic Progress Appeal

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.

| | | |
|------------------------|-------------------|--|
| Last Name | First Name | Bishop State ID Number |
| Social Security Number | Birthdate | Bishop State Email Address |
| Program of Study | Graduation Mon/Yr | <div style="text-align: right;">@bishop.edu</div> <div style="display: flex; justify-content: space-around;"> AA AAS Certificate </div> <div style="text-align: center; font-size: small;">Circle One</div> |

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.
2. If medical problems played a role attach any supporting evidence to more fully explain your particular situation. Complete medical records are NOT needed.
3. 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

no electronic signature, must be original

Date

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: _____
