SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

You may submit an appeal if you have failed to meet Satisfactory Academic Progress requirements. By submitting this appeal, you are requesting that your extenuating or unusual circumstances be considered in order to have your financial aid reinstated. Academic appeals and financial aid appeals are independent and separate from each other.

The following steps will be followed in deciding your appeal:

1. Your appeal will be initially reviewed by the financial aid staff to evaluate your academic record and determine if extenuating or unusual circumstances existed. If your appeal is approved through this initial review, you will be advised in writing of the approval. Your financial aid will be reinstated, and you will be placed on financial aid probation for your next period of enrollment. When placed on financial aid probation, you are allowed to receive financial aid based on the conditions outlined by the committee.

2. If your appeal is denied through the initial review (Step 1), you will be given an opportunity to request a personal interview with the financial aid appeal committee. When you meet with the committee, you will be given an opportunity to explain your appeal and submit additional information and/or documentation. The appeal committee will then approve or deny your appeal. The decision of the appeal committee is final. If your appeal is approved by the committee, your financial aid will be reinstated, and you will be placed on financial aid probation for your next period of enrollment. If your appeal is denied, the committee will specify the steps you must take in order to have aid reinstated for subsequent semesters.

INSTRUCTIONS:

1. Complete and return the SATISFACTORY ACADEMIC PROGRESS APPEAL (See Reverse Side). Please be sure to attach documentation.
   a. Required Documentation
      1) Written explanation of the situation and action(s) that will be taken to progress; AND
      2) Letters from the following involved third parties; OR
      3) Death certificates or obituaries, if applicable; OR
      4) Other documents.

2. Submit an Academic Plan

3. If you are appealing because you have reached the maximum number of credits attempted, you MUST submit a DEGREE AUDIT. Your Degree Audit must be approved and signed by your advisor, which must include an expected date of graduation.

4. Return all required forms to the Office of Financial Aid.

5. It will take approximately 2-4 weeks for you to receive written notification of a decision on your appeal.
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Name: ___________________________ ID #: ___________________________

1. What is your current major? ____________________________________________

2. What is your anticipated graduation date*? ______________________________

3. Which of the following resources have you used while at OLOL College? Mark all that apply:
   □ Student Support Services   □ Tutoring       □ Personal Counseling
   □ Assigned Advisor          □ Career Counseling

Examples of extenuating circumstances:
   □ Serious illness or injury to a student that required extended recovery time or significant improvement.
   □ Death or serious illness of an immediate family member.
   □ Significant trauma in student’s life that impaired the student’s emotional and/or physical health.
   □ Other documented circumstances.

4. What extenuating circumstances prohibited you from meeting the Satisfactory Academic Progress requirements? You MUST attach documentation to support your claim of extenuating circumstances when appropriate (letter confirming medical treatment, confirmation of death in the immediate family, etc.). - Use separate sheet if necessary.

________________________________________________________________________

5. What changes have occurred that will enable you to meet the Satisfactory Academic Progress requirements? Please explain. - Use separate sheet if necessary

________________________________________________________________________

________________________________________________________________________

I understand that the Financial Aid Office will not review a SAP Appeal that is incomplete or lacks documentation. I am, therefore, submitting a SAP Appeal with all required documents. I understand that the financial aid office will only review a completed Satisfactory Academic Progress Appeal. Once a decision has been made, I will be notified of the outcome via my student email.

Student Signature: ___________________________ Date: ___________________________

Advisor Signature*: ___________________________ Date: ___________________________

(*Required for Maximum Timeframe)

FINANCIAL AID OFFICE USE ONLY:

ENROLLMENT DATE: ___________ CPGA: ___________ SEMESTER GPA: ___________

CUM HRS ATTEMPTED: ___________ CUM HRS EARNED: ___________ COMPLETION RATE: ___________

NUMBER OF PRIOR APPEALS: ______________________________________________________

DECISION: □ APPROVED   □ DENIED  COUNSELOR: ___________________________ Date: ___________

2nd APPEAL—IN HOUSE INTERVIEW COMMITTEE DECISION: □ Approved   □ Denied

Signature ___________________________ Date ___________ Signature ___________________________ Date ___________
ACADEMIC PLAN

Name:___________________________________________________ ID:___________________

You must submit this form along with your SAP Appeal form in order for your appeal to be considered complete.

In order to regain satisfactory academic progress, you will:

- **Earn at least a 2.0 GPA each semester.** If you are not meeting Component 1, you have TWO semesters to bring your cumulative GPA up to a 2.0.

- **Complete at least 75% of the hours you attempt each semester.** If you are not meeting Component 2, you will have TWO semesters to bring your completion percentage up to 75%.

  **Note:** If you have been unable to accomplish this in the past due to withdrawing from courses, you should consider enrolling part-time.

- **Satisfactorily complete courses listed on your Degree Audit each semester.** If you are appealing because you did not meet Component 3: Maximum Timeframe, you are required to submit a Degree Audit signed by your academic advisor along with your appeal and this form. In the space below, enter the semester you expect to graduate based on the courses remaining on your Degree Audit. Upon the next SAP review, you are expected to have completed courses listed on your Degree Audit, and be on track to graduate by the date listed below.

  Expected Graduation:______________________________

My signature below indicates that I understand the terms of the academic plan detailed for me above. I also understand that deviation from the plan will result in loss of eligibility for federal student aid.

_____________________________________________     ___________________
Student Signature                                                                           Date

________________________________________________       _____________________
Advisor Signature (only required for Component 3)                      Date