

Satisfactory Academic Progress Appeal Form

Name: _____ Date: _____

Student ID: _____ Semester: _____

Please read carefully and choose one of the following appeal options:

IMPORTANT – An appeal must be complete. An incomplete appeal will not be accepted upon submission or will be subject to denial. In addition, an appeal that is submitted after the census of a term will be considered for the next enrollment period.

FINANCIAL AID REMOVAL DUE TO GPA OR COMPLETION PERCENTATGE (PACE) APPEAL:

<u>Initial Each</u> _____ _____ _____	<p>I have provided a typed, or neatly hand-written, detailed letter that includes the following:</p> <ul style="list-style-type: none"> Must explain the reason you have not met Satisfactory Academic Progress requirements Must give detailed description of the actions you have taken to correct the situation that will allow you to be academically successful during the next period of enrollment. <u>Must sign and date this letter.</u> <p>I have provided supporting documentation:</p> <p>Examples include, but are not limited to statements from physicians, advisors, psychologists; death notices, separation notices, divorce decree, accident reports, etc. The appeal will not be accepted without supporting documentation.</p> <p>I have read and agree to all guidelines for appealing SAP at www.northeaststate.edu/financialaidforms</p>
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MAXIMUM TIMEFRAME OR SECOND DEGREE APPEAL:

<u>Initial Each</u> _____ _____ _____	<p>I have provided a typed, or neatly hand-written, detailed letter that includes the following:</p> <ul style="list-style-type: none"> Must explain the reason you have exceeded the maximum timeframe requirements or the reason you wish to pursue a second degree with specifics on how it will benefit your education and career goals. Must give detailed description of the actions you will take to ensure completion of your program of study. <u>Must sign and date this letter.</u> <p>I have met with an academic advisor and have requested a signed degree audit be submitted to the Financial Aid Office for my appeal:</p> <p>I _____ have met with the above student and will submit the (Required Academic Advisor Signature) required degree audit to the Financial Aid Office.</p> <p>I have read and agree to all guidelines for appealing SAP at www.northeaststate.edu/financialaidforms</p>
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I certify that the information reported on and submitted with this appeal is complete and correct.

Student Signature

Phone Number

Date