

**SATISFACTORY ACADEMIC PROGRESS APPEAL**

**It is the student’s responsibility to build the case for the Committee to review.** The strength of your appeal will be determined by several factors: your academic record prior to the semester or year in question, the potential to overcome the extenuating circumstances or situation, the viability of your plan for achieving good standing. Generally, first-time petitioners and those who can demonstrate that their unacceptable academic performance was due to circumstances beyond the student’s control, such as medical conditions, long-term illness, death of an immediate family member, etc. will be considered. The appeal process is not intended to be used for common occurrences (i.e., work, transportation, family responsibilities, etc.). It is expected that individuals who have chosen to attend college be able to manage their studies in addition to other commitments and responsibilities.

As established by the U.S. Department of Education, your appeal must address at least one of the following issues which occurred during the academic year in which you lost eligibility:

1. personal illness or injury (**must provide a written statement from your physician**) ;
2. the death of an immediate family member, father, mother, brother, sister, son or daughter (**provide documents such as obituary**); or
3. extenuating circumstances that were clearly beyond your control (casualty losses due to weather, fire, or acts of God);
4. provide an academic plan that demonstrates the students map towards graduation. This plan must include the coursework required for you to complete your degree and your expected date of graduation. You will be informed in writing of its decision.

**\*\*Lifetime Eligibility Used is determined by the US Department of Education, Oglala Lakota College cannot award Financial Aid once a student reaches 600%.**

**SUBMISSION OF THIS FORM DOES NOT GUARANTEE REINSTATEMENT OF AID ELIGIBILITY.**

Date: \_\_\_\_\_ Term requesting appeal: Fall\_\_ Spring\_\_ Summer\_\_ Year \_\_\_\_\_

Name: \_\_\_\_\_ SS# or ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Phone#: \_\_\_\_\_ Home Center: \_\_\_\_\_

Attach the following, a statement telling the reason why the student failed to make Satisfactory Academic Progress for the previous term(s) and explain what has changed and why you expect to make Satisfactory Academic Progress for the term indicated above, an academic plan and additional documentation.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Counselor Signature Date

**Checklist:   Appeal Form   Statement   Documentation   Academic Plan   Status Sheet**

GPA: \_\_\_\_\_ Pace of Progression: \_\_\_\_\_ Committee Decision Dated: \_\_\_\_\_

Review after one semester \_\_\_\_\_

Deny this Appeal \_\_\_\_\_

The Decision of this Committee is to: Approve\_\_ Deny\_\_ Letter Sent On: \_\_\_\_\_