



Satisfactory Academic Progress Appeal Form

XXX-XX-

Student Name _____

Student ID# _____

Social Security Number _____

Program or Major _____

I am requesting Financial Aid for (select one) : Fall or Spring or Summer Year: _____

According to Satisfactory Academic Progress guidelines, you are on financial aid suspension. You may appeal by completing and returning this form to the Financial Aid Office. **Failure to submit documentation to support your appeal may result in denial.** You understand by submitting this form any enrollment within the Maricopa County Community College District may be used for determining the outcome of this appeal. **Notification of the committee's decision will be delivered to your Student Center.**

Please allow at least 15 business days (may take longer during peak processing periods). All Committee decisions are final.

Explain why you did not complete (with passing grades) all your attempted course work (including dates). Describe in detail the extenuating circumstances that hinder you from complying with the SAP policy. You must address ALL courses that contributed to your being placed on suspension. In addition, please explain how the circumstances that contributed to your being placed on suspension have been resolved. Include steps taken to ensure your successful academic progress in the future. These explanations should be in a business letter format. The letter must be typed or produced on a computer.

- Check letter for grammar, sentence structure, punctuation, and spelling.
- Sign and date your letter.
- See sample appeal letters at http://www.pvc.maricopa.edu/finaid/appeal_sample.html.

ADDITIONAL REQUIREMENTS:

Read the Satisfactory Academic Progress Student Engagement & Default Prevention Workshop at www.pvc.maricopa.edu/finaid (located at the bottom of the page). Complete the survey and take the attached quiz.

Submit these items to the Office of Student Financial Assistance:

- 1) Survey
- 2) Quiz
- 3) Loan Summary
- 4) Budget

I am attaching documentation to support my appeal. (Examples: medical claims/statements; police reports; copy of official death certificate/obituary; signed statement from an involved third party such as a counselor, priest, rabbi, minister; documentation illustrating other commitments outside of school such as pay stubs, letter from employer; etc.)

I understand that if this appeal is approved that I will be placed on probation and will be required to meet all SAP standards by the end of the probationary semester or the stipulations indicated if placed on an Academic Plan. I also understand that I may have stipulations assigned to this probationary status which will be outlined on a SAP Academic Plan once the Appeals Committee has made a determination on this petition. **Failure to meet any of these requirements will result in me losing future financial aid eligibility. I have read and understand the Satisfactory Academic Progress policy.**

Student Signature: _____ Date: _____

This Section – Office Use Only

Date _____ Committee initials: _____ Effective: Fall/____ Spring/____ Sum/____

Approved _____ Disapproved _____ #Credits Attempted _____ #Credits Earned _____ CGPA _____

Approved with Stipulations: [] Must **complete** and **pass** ALL attempted classes with a term GPA of 3.0 (grades of B) or better.
 [] Must **complete** and **pass** ALL attempted classes with a term GPA of 4.0 (grades of A).
 [] Other: _____

Your signature below acknowledges that you have READ & UNDERSTAND the above restrictions &/or recommendations.

Student Signature: _____ Date: _____

