



Satisfactory Academic Progress Appeal

FCXXASAP

Edison State Community College students receiving federal financial aid are required to meet Satisfactory Academic Progress (SAP) standards. Evaluation of SAP is completed at the end of each semester. Students who do not meet the SAP standards have the right to appeal.

Students are considered to have an eligible SAP status if they:

- Maintain the required cumulative grade point average (GPA) of 2.00 or better.
- Satisfactorily complete enough credit hours to have a completion rate of 67% or higher.
- Will graduate within 150% of the credit hours required to complete their academic program.

Satisfactory Academic Progress appeals can be filed by students to document unforeseen and extenuating circumstances that impacted the student's ability to make academic progress. Appeals should be submitted 10 days before the start of the semester for which the student is seeking reinstatement of federal student aid. Students will be notified of the decision (Approved, Pending, or Denied) via the ESCC student email. All appeals must be signed by the student and include a program evaluation that lists all courses needed to complete program and supporting documentation.

STUDE	INT INFORMATION	
Name: _	Student ID:	_
EXTEN	IUATING CIRCUMSTANCE(S) (Required)	
family,	e a detailed statement explaining what happened that affected your academic progress (for example, death in tl , major illness or unexpected employment changes). Include the dates of each occurrence and provide documentati fy the circumstances.	
PLANN	NING FOR SUCCESS (Required)	
	e a detailed statement explaining how the extenuating circumstances were resolved and what steps you have take planning to take to regain successful academic progress.	n
SUPPO	DRTING DOCUMENTATION	
Please	check all supporting documentation included with the appeal:	
	Copy of upcoming scheduled or planned coursework (Required. Please see your advisor for assistance)	
	Third-party documentation (i.e. doctor, attorney, clergy, counselor, social worker, supervisor/employer, medical bills, divorce decree, obituary, death/birth certificate, etc)	
	Proof of meeting with an Edison State staff student support office (i.e student needs committee, student engagement, accessibility services, etc.)	
	Other:	
CERTIF	FICATION STATEMENT	
	y that all of the information on this form and accompanying documents are true and complete to the best of my edge. Furthermore, I affirm that I have not knowingly or intentionally provided any false or fraudulent documentati	on
Studen	nt Signature: Date:	

FOR OFFICE USE ONLY

Term SAP Not Met:	APPROVED ACADEMIC PROGRAM:		
CGPA:			
Completion Rate:	Required Documentation:		
ESCC Credits:	□ Academic Program Evaluation Included		
Transfer Credits:	□ Class Schedule Included		
Total ESCC & Transfer:	□ Third Party Documentation Included		
MTF Cap:			
Appeal decision:			
□ Approved			
□ Pended			
□ Denied			
Comments:			
Reviewer:	Date:		
Second reviewer (when applicable):	Date:		